HEALTH COMMITTEE

Wednesday, March 8, 2023

A meeting of the Health Committee was held on Wednesday, March 8, 2023, at 9:30 a.m. at the County Administration Building, Pembroke, Ontario.

Present were:	Chair Michael Donohue Warden Peter Emon Vice-Chair Neil Nicholson Councillor Debbi Grills Councillor Valerie Jahn Councillor Jennifer Murphy Councillor Rob Weir (Attended Virtually) Councillor Mark Willmer
City of Pembroke Reps:	Councillor Patricia Lafreniere Councillor Troy Purcell (Attended Virtually)
Staff Present:	Craig Kelley, Chief Administrative Officer/Clerk Mike Blackmore, Director of Long-Term Care Michael Nolan, Director of Emergency Services Jason Davis, Director of Development and Property Lee Perkins, Director of Public Works & Engineering Mathieu Grenier, Deputy Chief, Emergency Services Frank McGregor, Commander, Emergency Services Tina Peplinskie, Media Relations and Social Media Coordinator Rosalyn Gruntz, Deputy Clerk Tyson Hilts, Systems Analyst Wendy Hill, Administrative Assistant III

Chair Donohue called the meeting to order at 9:30 a.m.

Chair Donohue recited the land acknowledgement, identifying that the meeting was being held on the traditional territory of the Algonquin People.

The roll was called, and no pecuniary interests were disclosed.

Chair Donohue extended a happy International Women's Day to all women, and noted that it is important to recognize the incredible achievements and contributions of women everywhere.

RESOLUTION NO. H-C-23-03-24
Moved by Councillor Murphy
Seconded by Councillor Grills
THAT the minutes of the February 15, 2023 meeting be adopted. CARRIED.

Long-Term Care Report

Mr. Mike Blackmore overviewed the Long-Term Care Report which is attached as Appendix A. Mr. Blackmore included a presentation "2023/2024 Quality Improvement Plans" as part of the overview.

RESOLUTION NO. H-C-23-03-25
Moved by Councillor Nicholson
Seconded by Warden Emon
THAT the Health Committee recommends that County Council authorize the Warden, Chief Administrative Officer/Clerk and the Director of Long-Term Care to sign and submit the Quality Improvement Plans (QIPs) for Bonnechere Manor and Miramichi Lodge and submit to Health Quality Ontario before the March 31, 2023 deadline. CARRIED.

RESOLUTION NO. H-C-23-03-26
Moved by Councillor Grills
Seconded by Councillor Wilmer
THAT the Long-Term Care Department Report attached as Appendix A be approved. CARRIED.

RESOLUTION NO. H-C-23-03-27
Moved by Councillor Jahn
Seconded by Councillor Nicholson
BE IT RESOLVED THAT Health Committee move into a closed meeting pursuant to Section 239 of the Municipal Act, 2001, as amended, to discuss labour relations or employee negotiations.
Time: 9:56 a.m. CARRIED.

RESOLUTION NO. H-C-23-03-28
Moved by Councillor Nicholson
Seconded by Councillor Wilmer
THAT this meeting resume as an open meeting. Time: 11:17 a.m. CARRIED.

RESOLUTION NO. H-C-23-03-29
Moved by Councillor Lafreniere
Seconded by Councillor Grills
THAT Health Committee recommends that County Council approve the revisions to the County of Renfrew Paramedic Service Deployment Plan – Service Delivery Statement and that the changes be incorporated into the Service Deployment. CARRIED.

RESOLUTION NO. H-C-23-03-30
Moved by Councillor Nicholson
Seconded by Councillor Purcell
THAT the Board of Health Minutes for January 31, 2023 and February 8, 2023, be noted and received. CARRIED.

New Business

Mr. Kelley noted that the Renfrew County and District Health Unit Service Hub will be relocating to 127 Raglan Street South in Renfrew at the end of June 2023.

RESOLUTION NO. H-C-23-03-31
Moved by Councillor Murphy
Seconded by Councillor Weir
THAT this meeting adjourn and that the next regular meeting be held on April 12, 2023.
Time: 11:23 a.m. CARRIED.

COUNTY OF RENFREW
LONG-TERM CARE REPORT

TO: Health Committee

FROM: Mike Blackmore, Director of Long-Term Care

DATE: March 8, 2023

SUBJECT: Department Report

INFORMATION

1. **Renfrew County and District Health Unit – Public Health Inspection**

On February 15, 2023, Ms. Shannon Thorpe, Public Health Inspector with the Renfrew County and District Health Unit conducted a required compliance inspection of the main kitchen and serveries at Miramichi Lodge. No items of non-compliance were noted and the report is available at Miramichi Lodge report. Congratulations to Ms. Sherri Hendry, Food Services Supervisor and the food services team.

RESOLUTIONS

2. **Quality Improvement Plans**

Recommendation: THAT the Health Committee recommends that County Council authorize the Warden, Chief Administrative Officer/Clerk and the Director of Long-Term Care to sign and submit the Quality Improvement Plans (QIPs) for Bonnechere Manor and Miramichi Lodge and submit to Health Quality Ontario before the March 31, 2023 deadline.

Background

Ontario Health, Ministry of Health and the Ministry of Long-Term Care continue to align quality improvement efforts to better reflect current priorities and health system changes and requires the submission of an annual Quality Improvement Plan (QIP). A QIP is a formal, documented set of commitments that a health care organization makes to its residents, staff and community to improve quality through focused targets and actions. QIPs are used in many sectors to assist organizations in delivering quality programs and services. Ontario Health defines the priority indicators and populates the relevant data through the annual resident satisfaction survey and the Resident Assessment Instrument – Minimum Data Set (RAI-MDS).

Mr. Mike Blackmore, Director of Long-Term Care will overview the draft Quality Improvement Plans for 2023/24 at the meeting. Other stakeholder feedback includes representatives from the Resident and Family Councils and management and staff. The QIP plans for each Home are attached as Appendix LTC-I.

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 2, 2023

County of Renfrew
Bonnechere Manor
Long-Term Care Home
Experience Our History, Share Our Future!

Ontario Health

OVERVIEW

Bonnechere Manor, located in the town of Renfrew, is a municipal ,not-for-profit, long-term care home that provides a safe and caring Home to 180 residents. It is owned and operated by the County of Renfrew and the City of Pembroke and has earned a reputation of providing high quality care to the frail and elderly since 1958. In 1995, residents and staff moved to our new facility located at 470 Albert Street, Renfrew, Ontario. Bonnechere Manor operates under the direction of the Director of Long-Term Care in compliance with the Ministry of Long-Term Care and the Fixing Long Term Care Act, 2021. Our Home governance is led by County Council with strategic and operational recommendations brought forth by The Director of Long-Term Care through Health Committee. Our Management Team, led by the Director of Long-Term Care sets the strategic vision for the Home with input from stakeholders. Bonnechere Manor is a non-smoking Home. The Home has an annual budget of approximately $16M, employs approximately 250 staff and over 150 active volunteers, all who, together with our dedicated staff, enhance the quality of life of our residents. Bonnechere Manor has remained a workplace of choice within Renfrew County. Accreditation Canada has awarded a Four Year Accreditation with Exemplary Standing Award to Bonnechere Manor. This represents the highest award granted by Accreditation Canada. The Accreditation process provides the Home with the opportunity to benchmark our continuous quality improvements. Bonnechere Manor utilizes an evidence-based best-practice approach with respect to delivery of care. Bonnechere Manor is pleased to share our 2023/24 Quality Improvement Plan (QIP) with our residents, families, staff, volunteers and community stakeholders. The annual QIP outlines the key actions we are committed to implementing to ensure continuous improvement. As in previous years, these quality

improvement initiatives are reflective of our broader organizational strategic plan, Ministry initiatives and are closely aligned with our Mission, Vision and Values.
Mission Statement: With a person-centred approach, Bonnechere Manor is a safe and caring community to live and work
Vision: Leading excellence in service delivery.
Values
• Honesty and Integrity
• Professionalism
• Client Services Orientation
• Focus on Results
It is important to note that this plan is only one of the many tools used by Bonnechere Manor to identify quality improvement priorities and monitor system performance. Our commitment to the delivery of exceptional care and enhancing the quality of life for our residents is further evidenced by our ongoing quality improvement Activities through our Continuous Quality Improvement (CQI) Committee. This QIP represents the top quality improvement priorities that have been committed to at all levels of the organization. The plan outlines new or revised performance targets and new change ideas developed through reflection and evaluation of our quality improvement work in previous years.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Over the past year Bonnechere Manor staff have worked in collaboration meeting our quality initiatives. The last couple years have been challenging to our sector and the majority of focus has been on keeping our residents well through the pandemic. The home has focused on keeping Infection Prevention and Control policies and practices current aligned with best practice guidelines. In addition, Bonnechere Manor continues to work towards standardizing processes and clinical programs in partnership with Miramichi Lodge - both Homes within the County of Renfrew. Staff Rounding and Stop Light Reports have been implemented in both Homes offering a positive platform for staff and managers to engage in discussions.

Recruitment and retention are that of high priority due to the staffing shortages evidenced in the healthcare sector across the province with an emphasis on PSWs and registered staff.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Recognizing that the annual Quality Improvement Plan drives quality initiatives, the leadership team, front-line staff and support staff at Bonnechere Manor embrace a resident-centered philosophy in the quality improvement process. Valuable feedback received through annual resident and family satisfaction surveys along with quarterly Resident and Family Council meetings to drive both formal and informal quality improvement activities.

Bonnechere Manor enjoys productive partnership with our active and engaged Resident Council. Resident and Family Councils are represented on the Continuous Quality Improvement (CQI) Committee, as well as active participation in a variety of formal and informal working groups.

PROVIDER EXPERIENCE

The health care provider experiences in our current environment across the sector has been challenging. Recruiting new staff to meet new direct care hours outlined in the FLTCA has posed a challenge due to lack of human resources to fill vacant positions within the organization. However, a variety of Ministry funding has been utilized to support the recruitment of a full-time social worker, a full-time physiotherapist and full-time a nurse practitioner. These recruitment efforts are also used to retain staff by improving the quality of care provided. These new employees will help to deliver care, share knowledge and encourage professional growth which will improve job satisfaction. The home has also revised schedules, reached out to internal and external stakeholders for input via rounding/unit meetings and encouraged collaboration with local unions. The Wellness Committee has also been re-established to engage employees in improving their workplace.

WORKPLACE VIOLENCE PREVENTION

Bonnechere Manor has an active and certified Joint Occupational Health and Safety Committee (JOHSC) that meets monthly. Violence statistics are collected and responded to as required. A Violence Risk Assessment is completed annually and shared with the management team who responds to identified risks. Statistics related to resident-to-resident aggression, staff to resident abuse, staff–to-staff incidents, and visitors to staff altercations are reported quarterly to the Quality Improvement Committee (CQI). Corporate policies including Ontario Human Rights Code Violation Standard Operating Procedure (SOP) (A-04), Misconduct in the Workplace SOP (A-09) and Workplace Sexual Violence and Harassment Policy and Program (A-09b) are in place as well as Code White Policy (H-043) are well established. In 2019, the County of Renfrew Long-Term Care Homes updated the Workplace Violence Standard Operating Procedure (SOP) to include procedures for assessment and communication of residents who pose a risk of violent, aggressive or responsive behaviours. The Public Services Health & Safety Association (PSHSA) Long-Term Care Violence Assessment Tool (VAT) is now being used to assess and communicate risk to all employees.

The Bonnechere Manor Workplace Wellness Committee works towards enhancing and sustaining a healthy workplace through the promotion of positive minded activities in the spirit of team cohesiveness. The Committee provides advice, guidance,recommendations and creative solutions to the Senior Management Team to promote workplace wellness.

PATIENT SAFETY

Patient Safety is paramount at Bonnechere Manor. There is an active Joint Health and Safety Committee (JHSC) consisting of employees and management who review employee incident reports monthly and ensure corrective actions are taken to mitigate risks to residents and employees. Monthly workplace inspections are also completed by the JHSC to identify any potential risks within the building. Hazard Identification Risk Analysis (HIRA) reports are completed by the JHSC and management levels. Safety huddles take place in the moment with staff after each incident on resident home units to ensure appropriate actions are taken. Risk Management assessments are completed and documented in Point Click Care (PCC) to ensure interventions are initiated and reviewed after an incident. Regular code exercises are completed with staff which include a debrief after the code exercise. Accreditation also drives change for health and safety plans within the home ensuring best practice guidelines are reviewed an implement regularly. Finally, Bonnechere Manor also have regular staff meetings as a platform for resident safety concerns.

HEALTH EQUITY

Our Primary services at Bonnechere Manor are provided to residents 65 years of age or older. The residents are mainly English speaking individuals from rural living, but we also have residents who speak other dialects; however, French is predominantly noted to be the second spoken language in the organization. Some resident also come from the Algonquin's of Pikwaknagan First Nation. Our primary residents often have multiple comorbidities and may be; frail, elderly, cognitively impaired, developmentally challenged and from a diverse socio-economic background.
To help meet these resident's needs most staff are provided with education from the home, education may be in; Cultural Competencies and Indigenous Cultural Safety Training, Gentle Persuasive Approach (GPA), in-services are provided through internal/external stakeholders such as Geriatric Mental Health and there are also numerous annual training sessions through SURGE learning.
Bonnechere Manor supports a Pastoral Care Committee who identify and help facilitate resident's spiritual needs. We have also recently recruited a full-time social worker to work with residents and their families. If any sociodemographic needs are identified the social worker will help individuals navigate the system for available supports. Bonnechere Manor has a high functioning Resident Council where residents are able to speak freely and identify any issues there are experiencing and ask for support. Finally, we have Care Conferences which provide a forum for the interdisciplinary team to identify and discuss any barriers residents may be facing while offering avenues of support to overcome these barriers.

CONTACT INFORMATION/DESIGNATED LEAD

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FAX:(613)432-7138

SIGN-OFF

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

I have reviewed and approved our organization's Quality Improvement Plan on

_____

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate

Theme I: Timely and Efficient Transitions

Measure

Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	15.27	12.00	Maintain or slightly improve performance. BM is below the provincial average of 18.5%	

Change Ideas

Change Idea #1 Reduce the number of potentially avoidable ED visits thru early Nursing assessment and reporting to practitioner for symptoms of treatable conditions.

Methods	Process measures	Target for process measure	Comments
1)DOC to resume Monthly tracking of ED transfers via ED tracking tool. 2) Registered staff to report changes in condition in a timely manner to NP or physician. 3) NP will continue to respond to acute change in condition to support early diagnosis and treatment efforts. 4) Improved documentation in progress notes ensuring nursing assessments and nursing process is evidenced.	Residents who have been transferred to ER should have supporting documentation that is evident of the nursing process and supporting appropriate assessments.	1)ED tracking tool will be analysed 4 x/year 2)Inservices for documentation and assessments will be provided to Registered staff by our Resident Care Coordinators. 3) Chart Audits will be completed for any resident sent to the ED.	

Change Idea #2 Improved Advanced Care planning with resident/POA/SDM

Methods	Process measures	Target for process measure	Comments
1) Social Worker and NP will ensure goals of care discussions take place at scheduled care conferences. 2. Provide Education to resident/POA/SDM related to advanced directives. 3.Create information related to Advanced care planning that would be available to residents/POA/SDM's prior to admission for discussion to be prepared for day of admission discussion.	Registered staff will audit admission and Care conference notes to ensure discussions are occurring. Audit advanced directives in charts.	100% documented discussions by SW, NP, Registered Nurse or MRP following admission.	

Theme III: Safe and Effective Care

Measure

Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	27.34	19.00	Provincial benchmark is 19.3 %.	

Change Ideas

Change Idea #1 Optimization of medication through targeted deprescribing using a planned and supervised process of dose reduction or stopping of medication that might have adverse side effects, or no longer be of benefit to individual residents on a case by case basis.

Methods	Process measures	Target for process measure	Comments
Bonnechere Manor's deprescribing initiative for the 2023/2024 year will start as a small scale change initiative starting with 2 resident home areas based on drug utilization rates, in addition to a continued focus on antipsychotic usage rates on our Butterfly home area.	Quarterly Drug Utilization reports (DURs)-Average # of medications per unit.	Goal is to reduce overall antipsychotic use to 19%.	New admissions have a higher rate of both antipsychotic use and overall # of medications as a result of efforts to manage care in the community. Many medications must be tapered.

Change Idea #2 BSO Champion and NP will work together to ensure that an antipsychotic medication review is conducted for all residents who are prescribed antipsychotics. Further interventions as needed to decrease use of antipsychotics will be initiated (ie. DOS mapping, GMH consultations) and follow up with residents physicians.

Methods	Process measures	Target for process measure	Comments
BSO Champion and NP will audit residents charts to ensure that an antipsychotic medication review has been completed in each quarter.	Number of antipsychotic medication reviews completed by the BSO champion and NP	80 % of residents receiving antipsychotics will have antipsychotic medication review completed within the first 6 months.	

Measure

Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Falls: This indicator measures the percentage of long-term care (LTC) home residents who fell during the 30 days preceding their resident assessment. The indicator is calculated as a rolling four quarter average. This indicator was jointly developed by interRAI and the Canadian Institute for Health Information (CIHI).	C	% / LTC home residents	CIHI CCRS / Quarterly	16.60	14.00	Provincial Benchmark is 16.7.	

Change Ideas

Change Idea #1 1.Complete a new GAP analysis of the Falls Prevention Program. 2. Identify and define roles of the Champion/Lead Registered staff member to lead the Falls Prevention Program and to deliver educational sessions as required.

Methods	Process measures	Target for process measure	Comments
Resident Care Coordinator lead for falls or designate (Falls Champion) will educate all registered staff regarding the process for management of falls-importance of safety huddles, medication reviews for frequent falls, effectiveness of interventions and individualized care plans.	Percentage of completed education sessions	100% of Registered staff	

Change Idea #2 Reinitiate the interdisciplinary Fall Risk Committee.

Methods	Process measures	Target for process measure	Comments
Membership will include an interdisciplinary team that supports collaborative discussions to attain reduced falls in the home to meet clinical indicators.	Planned monthly meetings-will review falls and identify those residents that fell despite interventions in place. Collaborative discussions to identify if other interventions would be appropriate.	Monthly meetings to be completed at 100%.	

Measure

Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / Residents	CIHI CCRS / Quarterly	2.70	2.00	There has been an upward trend this year therefore an improvement of 1% is reasonable.	

Change Ideas

Change Idea #1 A reduction in pressure wounds will be evidenced quarterly.

Methods	Process measures	Target for process measure	Comments
Revise the present policy and program to include an interdisciplinary model of care that focuses on prevention strategies and treatments according to best practices. Review current best practices for wound care and skin integrity. Develop education for Registered staff and PSWs with respect to the wound care program and their roles. Meet with Medline to streamline product selection and usage-Essentially standardizing treatment and interventions for wounds. Implementation to incorporate using pictures for wounds on the residents PCC charts for monitoring and comparison between dressing changes.	Registered staff will be able to assess and provide treatment to stage 1 and 2 wounds. Referral to Nurse Practitioner is utilized for stage 3 and 4 wounds.	90% of Registered staff will complete education on the Wound and Skin Integrity Program. 100% of residents with a stage 3 or 4 wound will be assessed by the Nurse Practitioner.	

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 3, 2023

County of Renfrew
Miramichi Lodge
Long-Term Care Home
Experience Our History, Share Our Future!

Ontario Health

OVERVIEW

Miramichi Lodge, located in the City of Pembroke, is a municipal (not-for-profit) long-term care home and home to 166 residents. It is owned and operated by the County of Renfrew and City of Pembroke and has earned a reputation of providing high quality care to the frail and elderly since 1969. In January 2005, residents and staff moved to our brand new, state-of-the-art facility located at 725 Pembroke Street West. Miramichi Lodge operates under the direction of the Director of Long Term Care in compliance with and the Ministry of Long-Term Care and the Fixing Long Term Care Act, 2019. Our Home governance is led by County Council with strategic and operational recommendations brought forth by the Director of Long Term Care through Health Committee. Our Management Team, led by the Director of Long Term Care provides guidance and sets the strategic vision for the Home with input from stakeholders. The Lodge is a non-smoking facility. Miramichi Lodge has an annual budget of approximately $19M, employs approximately 245 staff and relies on over 150 active volunteers who, together with our dedicated staff, enhance the quality of life of our residents. Miramichi Lodge has remained a workplace of choice within Renfrew County.

Accreditation Canada has awarded a Four Year Accreditation with Exemplary Standing Award to Miramichi Lodge. This represents the highest award granted by Accreditation Canada. The Accreditation process provides the Home with the opportunity to benchmark our programs and services to national standards and assists in our continuous quality improvements. Miramichi Lodge utilizes an evidence-based best-practice approach with respect to service delivery.

Miramichi Lodge is pleased to share our 2023/2024 Quality Improvement Plan (QIP) with our residents, families, staff, volunteers, and community stakeholders. The annual QIP outlines the key actions we are committed to implementing to ensure continuous improvement of the care and services we deliver. As in previous years, these quality improvement initiatives are reflective of our broader organizational strategic plan, and are closely aligned with our Mission, Vision, and Values.

Mission Statement:
• With a person-centered approach, Miramichi Lodge is a safe and caring community to live and work.

Vision:
• Leading excellence in service delivery

Values:
• Honesty and Integrity
• Professionalism
• Client Service Orientation
• Focus on Results

It is important to note that this plan is only one of the many tools used by Miramichi Lodge to identify quality improvement priorities, and monitor system performance. Our commitment to the delivery of exceptional care, and enhancing quality of life for our residents is further evidenced by our ongoing quality improvement activities through our Continuous Quality Improvement (CQI) Committee.

This QIP represents the top quality improvement priorities that have been committed to at all levels of the organization. The plan outlines new or revised performance targets, and new change ideas informed through reflection and evaluation of our quality improvement work in previous years.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Over the past year Miramichi Lodge staff have worked in collaboration meeting our quality initiatives. The last couple years have been challenging to our sector and the majority of focus has been on keeping our residents safe and healthy through the pandemic. The
home has focused on keeping Infection Prevention and Control policies and practices current aligned with best practice guidelines. In addition, Miramichi Lodge continues to work towards standardizing processes and clinical programs in partnership with Bonnechere Manor - both Homes within the County of Renfrew.
Staff
Rounding and Stop Light Reports have been implemented in both Homes offering a positive platform for staff and managers to engage in discussions.
Recruitment and retention are that of high priority due to the staffing shortages across the sector.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Recognizing that the annual Quality Improvement Plan drives quality initiatives, the leadership team, front-line staff and support staff at Miramichi Lodge embrace a person-centered philosophy in the quality improvement process. Valuable feedback received through annual resident and family satisfaction surveys along with quarterly Resident and Family Council meetings drives both formal and informal quality improvement activities.
Miramichi Lodge enjoys a productive partnership with our active and engaged Resident Council and less formally, Residents enjoy the ability to connect directly with frontline staff or managers with concerns in the moment, allowing for timely resolution and improved CQI initiatives.
Resident and Family Councils are represented on the Continuous Quality Improvement
(CQI) Committee, as well as active participation in a variety of formal and informal working groups.

PROVIDER EXPERIENCE

The health care provider experiences
across the sector have been challenging. Recruiting new staff to meet increased direct care hours outlined in the FLTCA has posed a challenge. However, a variety of Ministry funding has
been utilized to support the recruitment of a full-time social worker,

a full-time physiotherapist and full-time a nurse practitioner. These recruitment efforts are also used to retain staff by improving the quality of care provided. These new employees will help to deliver care, share knowledge and encourage professional growth which will improve job satisfaction. The home has also revised schedules, reached out to internal and external stakeholders for input via rounding/unit meetings and encouraged collaboration with local unions. The Wellness Committee has also been re-established to engage employees in improving their workplace.

WORKPLACE VIOLENCE PREVENTION

Miramichi Lodge has an active and certified Joint Occupational Health and Safety Committee (JOHSC) that meets regularly. Violence
statistics are collected and responded to as required. A Violence Risk Assessment is completed annually and shared with the management team who responds to identified risks. Statistics related to violence against staff is reviewed monthly by JOHSC members.

Corporate policies including Ontario Human
Rights Code Violation Standard Operating Procedure (SOP) (A-04), Misconduct in the Workplace SOP (A-09) and Workplace Sexual Violence and Harassment Policy and Program (A-09b) are in place as

well as Code White Policy (H-043) are well established. In 2019, the County of Renfrew Long-Term Care Homes updated the Workplace Violence Standard Operating Procedure (SOP) to include procedures for assessment and communication of residents who pose a risk of violent, aggressive or responsive behaviours. The Public Services Health & Safety Association (PSHSA) Long-Term Care Violence Assessment Tool (VAT) is now being used to assess all new Residents and
existing residents are reassessed annually. Any Resident identified as high risk for violence is then followed by the Behaviour Supports team in the Home and this is communicated via our Responsive Behaviours program.
The Miramichi Lodge Workplace Wellness and Staff Association Committees work
towards enhancing and sustaining a healthy workplace through the promotion of positive minded activities in the spirit of team cohesiveness. The Committees provides advice,
guidance, recommendations and creative solutions to the Management Team to promote workplace wellness.

PATIENT SAFETY

Patient Safety is paramount at Miramichi Lodge. There is an active Joint Health and Safety Committee (JOHSC) consisting of employees and management who review employee incident reports monthly and ensure corrective actions are taken to mitigate risks to residents and employees. Safety huddles
take place in the moment with staff after each incident on resident home areas to ensure appropriate actions are taken. Risk Management assessments are completed and documented in Point Click Care (PCC) to ensure interventions are initiated and reviewed after an incident. Regular emergency code exercises are completed with staff
which include a debrief after the code exercise. Miramichi Lodge maintained regular resident care conferences throughout the pandemic and this has been an extremely effective method of obtaining critical feedback on safety concerns as well. Miramichi Lodge conducts regular High Risk Resident Rounds with all professional staff in attendance; review of all high risk areas(e.g. Falls, Wound Management, IPAC, Responsive Behaviors)is completed at each meeting and changes made the each Resident plan of care as required. Accreditation also
drives change for health and safety plans within the home ensuring best practice guidelines are reviewed an implement regularly.

HEALTH EQUITY

Our Primary services at Miramichi Lodge are provided to residents 65 years of age or older. The residents are mainly English speaking individuals from rural living, but we also have residents who speak other dialects. Some
residents also come from the Algonquin's of Pikwaknagan First Nation. Our primary residents often have multiple comorbidities and are frail, elderly, cognitively impaired, developmentally challenged from a diverse socio-economic background.
To help meet these resident's needs most staff are provided with education from the home. Education may be in: Cultural Competencies and Indigenous Cultural Safety Training, Gentle Persuasive Approach (GPA), Mental Health Disorders. Inservices are provided through
internal/external stakeholders such as Regional Geriatric Mental Health Team, and various vendors.
There are also numerous mandatory annual training sessions through SURGE
learning.
Miramichi Lodge recently recruited a full-time social worker to work with residents
and their families. If any sociodemographic needs are identified, the social worker will help individuals navigate the system for available supports. Miramichi Lodge has a high functioning Resident Council where residents are able to speak freely and identify any issues there are experiencing and ask for support. Finally, we have resident care conferences which provide a forum for the interdisciplinary
team to identify and discuss any barriers residents may be facing while offering avenues of support to overcome these barriers.

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

_____

_____

Board Chair / Licensee or delegate

_____

Administrator /Executive Director

_____

Quality Committee Chair or delegate

_____

Other leadership as appropriate

_____

Theme I: Timely and Efficient Transitions

Measure

Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	8.90	18.10	currently well below provincial average	

Change Ideas

Change Idea #1 Reduce the number of potentially avoidable ED visits through early nursing assessment and reporting to NP/MD for in-house treatment where possible.

Methods	Process measures	Target for process measure	Comments
1. RN/RPN to report resident change in condition in a timely manner to NP/MD. 2. NP will provide assessment of acute changes and treat in a timely manner. 3. NP will complete all new admission physicals and develop baseline; review	Residents who are transferred to ER should have supporting documentation that is evident of the nursing process and supporting appropriate assessments.	NP will provide education to RN/RPN group to enhance nursing assessment & documentation skills. Chart audits will be completed for any resident sent to ED.	

Theme III: Safe and Effective Care

Measure

Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	25.71	19.00	Miramichi Lodge has adjusted indicator data collection based on new definitions in FLTCA	

Change Ideas

Change Idea #1 Optimization of medication through targeted deprescribing using a planned and supervised process of dose reduction or stopping of medication that might have adverse side effects, or no longer be of benefit to individual residents on a case by case basis.

Methods	Process measures	Target for process measure	Comments
Miramichi Lodge's deprescribing initiatives are well underway for 2023/2024 through focused three month medication reviews completed by NP/MD.	Quarterly Drug Utilization reports provided quarterly by Pharmacy provider and reviewed at Professional Advisory Committee.	Goal is to reduce overall antipsychotic usage to 19% or lower.	

Measure

Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	C	% / Residents	CIHI CCRS / Quarterly	3.10	2.30	There has been an upward trend this year therefore an improvement of 1% is reasonable.	

Change Ideas

Change Idea #1 A reduction in Worsening pressure ulcers will be evidenced quarterly

Methods	Process measures	Target for process measure	Comments
Review and revise current skin and wound care program. Focus on prevention strategies and treatments according to BPGs. Develop education plan for RNs/RPNs/PSWs with respect to their roles in preventing skin breakdown. Meet with Medline to streamline product usage and utilize their wound care champions to standardize treatments and interventions for wounds.	Registered staff will assess wounds at stage 1 and 2 and provide appropriate treatment. NP will be utilized for Stage 3 and 4 wounds with regular interdisciplinary review and Resident High Risk Rounds.	90% of Registered staff will complete education on the wound and skin care program 100% of new residents will have admission physicals completed by NP 100% of Residents with Stage 3 or 4 wound will be assessed and followed by NP	Trend of new residents with wounds prior to admission

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2023/2024 Quality Improvement Plans

County of Renfrew Long-Term Care Homes: Bonnechere Manor and Miramichi Lodge

Prepared by: Trisha Michaelis, Director of Care, Bonnechere Manor and
Nancy Lemire, Director of Care, Miramichi Lodge
Presented by: Mike Blackmore DLTC
March 8, 2023

2023/ 2024 Long Term Care-Priority Indicators

1. Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents – Both Homes.
2. Percentage of Long-Term Care (LTC) residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment - Both Homes.
3. Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 – Both Homes.
4. Falls: This indicator measures the percentage of long-term care (LTC) home residents who fell during the 30 days preceding their resident assessment. The indicator is calculated as a rolling four quarter average. This indicator was jointly developed by interRAI and the Canadian Institute for Health Information (CIHI) – Bonnechere Manor only.

Bonnechere Manor

MEASURE			CHANGE
Indicator	Current Performance	Target Justification	Planned Improvement
# of ED Visits for modified list of ambulatory care – sensitive conditions* per 100 LTC residents	15.27	12% (Provincial average 18.1%)	• Early Nursing assessment and reporting to practitioner for symptoms of treatable conditions. Full time Nurse Practitioner(NP) to respond to acute changes in residents • INTERACT tracking tool process enhanced/monthly monitoring to resume • Improved Advanced Care planning with Resident/POA/SDM (Nursing, SW, NP to discuss in care conferences • Residents who were sent to the ER must have supporting documentation

Bonnechere Manor

MEASURE			CHANGE
Indicator	Current Performance	Target Justification	Planned Improvement
% of residents with a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment	2.70%	2.0% (Provincial average 2.3%)	• Staff education on safe repositioning, effective use of pressure relieving surfaces, and Best Practice Guidelines on wound care products • Streamline product selection and usage- more standardized treatments • Implement the use of wound images on electronic record to aid monitoring and comparison • Early detection through NP's admission physicals

Bonnechere Manor

MEASURE			CHANGE
Indicator	Current Performance	Target Justification	Planned Improvement
% of Residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment.	27.34	19 % (provincial average 19.3)	• Behavioural Support Ontario (BSO) and NP will work together to ensure a medication review is conducted for all residents on antipsychotics • Target de-prescribing for individuals on a case by case basis if able • Seeing a higher incidence of antipsychotics use and overall # medications on admission

Bonnechere Manor

MEASURE			CHANGE
Indicator	Current Performance	Target Justification	Planned Improvement
% of Residents who fell during the 30 days preceding their resident assessment. (calculated as a rolling four quarter average).	16.60	14 % (Provincial average 16.7%)	• Resident Care Coordinator (RCC) Lead for falls or designate (Falls Champion) to re-educate registered staff regarding falls prevention / injury mitigation program processes. • Reinitiate the interdisciplinary Fall Risk committee • Process management of falls to include safety huddles, medication reviews, interventions and care plans

Miramichi Lodge

MEASURE			CHANGE
Indicator	Current Performance	Target Justification	Planned Improvement
# of ED Visits for modified list of ambulatory care – sensitive conditions* per 100 LTC residents	8.9%	8.9 % (Provincial average 18.1%)	• Engage new full-time NP in support of "in house" treatment • Improved communications with Resident/Power of Attorney/ Substitute Decision Makers to develop Goals-of-Care with the Home's care team (Nurse Practitioner, Social Worker, nurses) and proactively address wishes for transfer to hospital

Miramichi Lodge

MEASURE			CHANGE
Indicator	Current Performance	Target Justification	Planned Improvement
% of residents with a pressure ulcer that worsened to a stage 2, 3 or 4 since their previous resident assessment	3.1 %	2.3% Provincial average	• Staff education on safe repositioning, effective use of pressure relieving surfaces, and Best Practice Guidelines on wound care products • Enhancements to the continence program to promote skin integrity • Early detection through NP's admission physicals • Review of skin & wounds Q2 weeks at High Risk Resident Rounds (Interdisciplinary)

Miramichi Lodge

MEASURE			CHANGE
Indicator	Current Performance	Target Justification	Planned Improvement
% of Residents who were given antipsychotic medication without psychosis in the 7days preceding their resident assessment.	23.6%	19% (provincial average 19.3)	• Correct coding error to exclude inclusion of residents at end stage disease. • NP completes 3 month medication reviews and is decreasing usage as able

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

Board of Health

Regular Board Meeting

Tuesday, January 31, 2023

The Regular meeting of Renfrew County and District Health Unit's Board of Health was held on the virtual software platform—Microsoft Teams. Members were present by audio and/or video.

Members:

Ann Aikens	Chair
James Brose	Member
J. Michael du Manoir	Member
Joanne King	Member
Ethel LaValley	Member
Wilmer Matthews	Member
Jennifer Murphy	Member
Neil Nicholson	Member
Troy Purcell	Member
Carolyn Watt	Member

Staff:

Vicki Benoit	Director, Health Protection
Heather Daly	Chief Executive Officer
Dr. Michelle Foote	Public Health Physician
Dr. Ian Gemmill	Acting Medical Officer of Health
Marilyn Halko	Executive Assistant
Patti Smith	Director, Health Promotion

Regrets:

Peter Emon	Member

01. Call to Order

Chair Aikens called the meeting to order at 10:00 a.m.

02. Land Acknowledgment

RCDHU is located on the unceded territory of the Algonquin Anishinaabe People.

We would like to honour the land and peoples of the Algonquin Anishinaabe, whose ancestors have lived on this territory for millennia, and whose culture and presence have nurtured and continue to nurture this land.

We would like to honour all First Nations, Inuit and Métis peoples, their elders, their ancestors and their valuable past and present contributions to this land.

Mìgwech

03. Agenda Approval

The agenda was approved, as presented.

Resolution: #1 BoH 2023-Jan-31

Moved by E. LaValley; seconded by J. King; be it resolved that the Board approve the agenda, as presented.

Carried

04. Declarations of Conflict of Interest

There were no declarations of conflict of interest.

Chair Aikens reminded Board Members to send their signed 2023 Acknowledgment of Conflict of Interest to the Secretary.

05. Approval of Minutes of Previous Meetings

a. The Special Board meeting minutes were approved for Friday, December 16, 2022.

Resolution: #2 BoH 2023-Jan-31

Moved by W. Matthews; seconded by C. Watt; be it resolved that the Board approve the meeting minutes from the Special Board of Health meeting held on Friday, December 16, 2022, as presented.

Carried

b. The Inaugural Board meeting minutes for Tuesday, January 10, 2023, were approved as amended, with the amendment as follows: Resolution: #3 lBoH 2023-Jan-10—moved by C. Watt; seconded by W. Matthews.

Resolution: #3 BoH 2023-Jan-31

Moved by T. Purcell; seconded by J. King; be it resolved that the Board approve the meeting minutes from the Inaugural Board of Health meeting held on Tuesday, January 10, 2023, as amended.

Carried

06. Staff Reports

a. MOH(A) Report to the Board—Dr. Ian Gemmill, Acting Medical Officer of Health

Dr. Gemmill provided the Board with the following:

- MOH(A) Report to the Board.

The Chair called for questions and comments from the Board.

Chair Aikens, and Board Members, thanked Dr. Gemmill for his report.

P. Smith, Director, Health Promotion, presented the following:

- Healthy Babies, Healthy Children (HBHC) Program Report.

Dr. Gemmill, and Dr. Michelle Foote supported the importance of the HBHC Program, and endorsed the recommendations listed on page two of the HBHC Report.

The Chair called for questions and comments from the Board.

Chair Aikens, and Board Members, thanked P. Smith for her report.

Chair Aikens will write a letter to the Minister of Children, Community and Social Services, regarding HBHC funding.

Resolution: #4 BoH 2023-Jan-31

Moved by W. Matthews; seconded by J. Brose; be it resolved that the Board accept the MOH(A) Report to the Board from Dr. Ian Gemmill.

Carried

At 11:15 a.m. the Chair recessed the meeting until 11:20 a.m.

b. CEO Report to the Board—Heather Daly, Chief Executive Officer

H. Daly, Chief Executive Officer presented the following:

- CEO Report to the Board.

Chair Aikens called for questions and comments.

Chair Aikens, and Board Members, thanked H. Daly for her report.

Resolution: #5 BoH 2023-Jan-31

Moved by J. Murphy; seconded by N. Nicholson; be it resolved that the Board has reviewed and approves the 2021 Annual Report and Attestation, as submitted to the Ministry on January 13, 2023;
And further, that the Board Chair be directed to sign the document.

Carried

Resolution: #6 BoH 2023-Jan-31

Moved by N. Nicholson; seconded by J. Brose; be it resolved that the Board approve the Appointment of Signing Officers for 2023.

Carried

Resolution: #7 BoH 2023-Jan-31

Moved by E. LaValley; seconded by C. Watt; be it resolved that the Board accept the CEO Report to the Board from Heather Daly, Chief Executive Officer.

Carried

07. Correspondence

The Board received the following correspondence:

#	Subject	From	Action
a.	November 2022 InfoBreak—2022-11-25	• Association of Local Public Health Agencies (alPHa)	• Received as information.

b.	Healthy Babies Healthy Children (HBHC) and Infant Toddler Development Program (ITDP) Funding—2022-11-25	• Peterborough Public Health	• Addressed in the Report from P. Smith to the Board.
c.	BoH Appointment—South Algonquin—2022-11-28	• Bryan Martin, CAO/Clerk-Treasurer, Township of South Algonquin	• Received as information.
d.	BoH Appointment—County of Renfrew—2022-11-28	• Craig Kelley, Chief Administrative Officer/Clerk	• Received as information.
e.	December 2022 InfoBreak—2022-12-16	• alPHa	• Received as information.
f.	BoH Appointment—City of Pembroke—2022-12-21	• Heidi Martin, City Clerk, City of Pembroke	• Received as information.
g.	Physical Literacy for Healthy Active Children 2022-12-30	• Public Health Sudbury & Districts	• Received as information.
h.	Physical Literacy for Healthy Active Children—FR—2022-12-30	• Public Health Sudbury & Districts	• Received as information.
i.	Thank you note to Ms. Aikens—2023-11-04	• K. Armstrong	• Received as information.
j.	2023 Budget Consultations—2023-11-11	• Loretta Ryan, Executive Director, alPHa	• Received as information and the Chair will present this information at the MOH(A) and RCDHU Area Mayors' COVID-19 Information Update Meeting on February 2, 2023.

08. Action List Review

a. Board reviewed the updated Regular BoH Action List—2022-Nov-29.

09. Date of Next Meeting

Chair Aikens informed the Board that she expects to call a Special Board meeting for Tuesday, February 7, 2023, at 1:00 p.m., following the Governance Committee meeting on Wednesday, February 1, 2023.

The next Regular BoH meeting is scheduled for Tuesday, February 28, 2023 at 10:00 a.m., on Zoom.

10. Adjournment

Resolution: #8 BoH 2023-Jan-31

Moved by W. Matthews; seconded by N. Nicholson; be it resolved that the meeting be adjourned at 11:55 a.m.

Carried

The Regular Board meeting adjourned at 11:55 a.m.

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Chair

These meeting minutes were approved by the Board at the Regular Board of Health meeting held on Tuesday, February 28, 2023.

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

Board of Health

Special Board Meeting

Tuesday, February 7, 2023

The Special meeting of Renfrew County and District Health Unit's Board of Health was held on the virtual software platform—Microsoft Teams. Members were present by audio and/or video.

Members:

Ann Aikens	Chair
James Brose	Member
J. Michael du Manoir	Member
Peter Emon	Member
Joanne King	Member
Ethel LaValley	Member
Wilmer Matthews	Member
Neil Nicholson	Member
Troy Purcell	Member
Carolyn Watt	Member

Staff:

Heather Daly	Chief Executive Officer
Dr. Ian Gemmill	Acting Medical Officer of Health
Marilyn Halko	Executive Assistant (Secretary)

Regrets:

Jennifer Murphy	Member

1. Call to Order

Chair Aikens called the meeting to order at 1:00 p.m.

2. Land Acknowledgment

RCDHU is located on the unceded territory of the Algonquin Anishinaabe People.

We would like to honour the land and peoples of the Algonquin Anishinaabe, whose ancestors have lived on this territory for millennia, and whose culture and presence have nurtured and continue to nurture this land.

We would like to honour all First Nations, Inuit and Métis peoples, their elders, their ancestors and their valuable past and present contributions to this land.

Mìgwech

3. Agenda Approval

The agenda was approved, as presented.

Resolution: #1 SBoH 2023-Feb-07

Moved by J. Brose; seconded by P. Emon; be it resolved that the Board approve the agenda, as presented.

Carried

4. Declarations of Conflict ofInterest

There were no declarations of conflict of interest.

5. Closed

Resolution: #2 BoH 2023-Feb-07

Moved by E. LaValley; seconded by J. King; be it resolved that the Board move into a closed meeting at 1:05 p.m. to discuss: ii. personal matters about an identifiable individual, including Board Members.

Carried

Chair Aikens verified that all Members were alone and in a secure location before the meeting moved into the closed session.

Chair Aikens rose to report at 1:50 p.m. that the Board met in a closed meeting to discuss: ii. personal matters about an identifiable individual, including Board Members.

6. Correspondence

The Board received the following correspondence:

#	Subject	From	Action
a.	January 2023 InfoBreak— 2023-Jan-31	• Association of Local Public Health Agencies (alPHa)	• Received as information.
b.	Registration is Open for the alPHa Winter Symposium and Section Meetings	• alPHa	• See Resolution: #3 SBoH 2023-Feb-07 below*
	i. alPHa 2023 Winter Symposium & Section Meetings Program— 2023-Feb-24	• alPHa	
	ii. alPHa 2023 Winter Symposium—Board of Health Section Meeting Agenda— 2023-Feb-24	• alPHa	

Resolution: #3 SBoH 2023-Feb-07*

Moved by J. M. du Manoir; seconded by P. Emon; be it resolved that the Board approve that all Board Members be invited to attend the virtual alPHa 2023 Winter Symposium, on February 23 and 24, 2023, at a cost not to exceed $5,000.

Carried

The Chair asked Board Members to contact the Secretary, by February 15, 2023, if they would like to attend the alPHa 2023 Winter Symposium and Section Meetings.

7. Adjournment

Resolution: #4 SBoH 2023-Feb-07

Moved by J. Brose; seconded by E. LaValley; be it resolved that the Special Board meeting be adjourned at 1:58 p.m.

Carried

The Special Board meeting, held on Microsoft Teams, adjourned at 1:58 p.m.

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Chair

These meeting minutes were approved by the Board at the Regular Board of Health meeting held on Tuesday, February 28, 2023.