



**Temiskaming Lodge
Jarlette Health Services Long Term Care Division**

2023 Quality Report



Overview

Temiskaming Lodge is a 128 bed Long Term Care home located in the Haileybury community and is one of Jarlette Health Services 14 operated Long-Term Care homes. Fully accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), we uphold the highest standards of excellence. Our philosophy of living focuses on emotion-focused care, and is the culmination of experience, culture, beliefs, vision, mission, and purpose. These elements come together to direct how we practice and support those living in our homes and lodges to live well and thrive. It recognizes that those in our homes and lodges come to us to continue to live, and live well, while having their medical needs met; this is something that happens while they are living in our homes and lodges and not the total focus of their existence, or the definition of who they are. It reinforces that our residents are in charge of their lives; they are vibrant and purposeful people who want to experience joy and happiness in this stage of their lives.

At Temiskaming Lodge, we remain committed to fostering dignity, respect, and an exceptional quality of life for the residents under our care and continuously engage in quality improvement initiatives to ensure continued organizational success.

Purpose, Vision, Values and the Path Forward

In 2022, Jarlette Health Services introduced a new purpose, vision and core values. Our Purpose, Vision and Core Values were updated based on feedback from residents, clients, families/caregivers and team members.

Purpose

To make an outstanding difference in the lives of others.

Vision

Inspiring a lifestyle that delivers the BEST today and tomorrow.

Core Values

- everything we do is with commitment and passion;
- we treat people with respect;
- we are proactively innovative, accountable and responsible;
- we strive to do the right thing.



Path Forward

Our pursuit of excellence, at the organization level through to individual team members, is guided by *The Path Forward*, which outlines four Strategic Pillars, each with constituent objectives. The Strategic Pillars and their objectives are:

Quality of Life

- Expand implementation of the Butterfly Approach to Care.
- Continue the move from task-oriented processes to people-oriented work.
- Explore upgrades and modernization that will support a safe, comfortable environment.
- Foster a culture of customer service, personalized to the individual.

High-Performing Teams

- Establish clear, consistent onboarding that combines broad and targeted training.
- Profile the options for continuous education, educational support and mentoring for team members.
- Maximize ability through recruitment to hire the ideal candidates and ensure a full complement of staff.
- Foster a culture of accountability at every level.

Engaged Relationships

- Implement processes for timely, transparent communication at all levels.
- Gather ongoing feedback from residents and families.
- Deliberately cultivate an inclusive culture.
- Continue building positive relationships with funders and regulators.

Business Stewardship

- Focus on the activities that are core and those that truly add value.
- Identify and minimize unnecessary processes.
- Design and implement models that optimize physical and human resources.
- Identify space needs, including accessibility needs, digital needs, and key priorities for modernization.

Quality Improvement

Continuous Quality Improvement(CQI) is a systematic and ongoing process that involves identifying areas for improvement, developing strategies to address these areas, implementing changes, and measuring the impact of those changes. CQI is an essential component of ensuring high-quality care and service delivery to residents. Jarlette Health Services' Long Term Care homes are committed to using evidence-based resources to support and sustain best practices that ensure the best possible resident care. We use a variety of methodologies to support our quality improvement efforts. These methodologies include Plan-Do-Study-Act (PDSA) and Root Cause Analysis through Fishbone (Ishikawa) and the 5 Whys exercises.



Areas of Priority

Our Long-Term Care homes are committed to aligning their improvement efforts and initiatives with organizational priorities and the Jarlette Health Services Long-Term Care Division strategic and operational plans to ensure standardization and reduce variability. In April 2022, the Ministry of Long-Term Care (MLTC) introduced the Fixing Long-Term Care Act, 2021 and Ontario Regulation 246/22, which aimed to transform the organization and delivery of care in Long-Term Care homes across Ontario. These legislative and regulatory changes have had significant operational impacts on the service delivery, policies, and procedures of Long-Term Care homes. In collaboration with the Division's Regional Team, Temiskaming Lodge has implemented and executed these changes in the home. The implementation of these legislative requirements has enabled the identification of areas for improvement at both the home and Divisional levels. Regular updates on the progress of these efforts will be shared with stakeholders. At the home level, our quality priorities are driven by several factors including:

- Fixing Long-Term Care Act (FLTCA) and Ontario Regulation 246/22;
- Other applicable legislation;
- RNAO Best Practice Guidelines;
- CARF standards and accreditation;
- Annual program evaluations;
- Resident, Family and Caregiver Satisfaction Surveys;
- Employee Engagement Surveys;
- Data insights and key performance indicators from PointClickCare (PCC);
- Canadian Institute for Health Information (CIHI) performance indicators;
- Health Quality Ontario (HQO) priority indicators;
- Internal auditing programs;
- Feedback from Resident Council, Family Council and external stakeholders including the MLTC.

Annually Temiskaming Lodge develops Quality Improvement Plans (QIP's) that include key areas of focus aligned to Provincial system priorities while ensuring the best lived experience for our residents, families and team members. The Quality Improvement Plan (QIP) for the 2024 year has identified the following priority areas for improvement work:

- Decrease avoidable Emergency Department transfers;
- Increase percentage of team members who have completed Diversity, Equity and Inclusion (DEI) education;
- Decrease the percentage of residents who have had a fall in the last thirty days;
- Increase rating on "the number of residents who feel comfortable speaking up and self-advocating without fear of consequence";
- Increase rating on "the number of residents who feel they have a voice and are listened to by staff".



The home's Quality Improvement Plan (QIP) goals are integrated into the home's operational and strategic planning process. These priorities align with the organization's goal to improve care and deliver service excellence. The goals and change ideas from this plan continue as multi-year initiatives as the home works to sustain improvements in effective care and service excellence and resident experience.

Our Areas of Priority are measured, monitored and communicated throughout the year at the home and organization-wide level including core program committees, Professional Advisory Committee (PAC), Quality Council, Resident Council and Family Council, and home and organization level meetings.

Reflections Since 2022 Quality Report

In 2023, Jarlette Health Services continued to build strength and resiliency to support our residents and team members in navigating the ever-evolving health care landscape. We recognize that the pressures and challenges in the health care sector are opportunities to create growth around our practices and to achieve our goal to be a leader in the sector. While the pandemic has become more endemic in nature, our infection prevention and control (IPAC) practices remain a dynamic strength to manage COVID-19 and other infectious agents, such as influenza and Respiratory Syncytial Virus (RSV). Though challenges remain in the sector around the changing level of care in the population we serve and continued workforce shortages, Jarlette Health Services remains committed to achieving our goals.

The Butterfly Approach to Care has continued to grow and develop across our homes, helping our teams to learn better ways of providing emotion-focused care and to help residents have their *best* days. We are looking to expand, grow, and build this person-centered model into every aspect of care.

Other areas of focus and growth over that past year included the following:

- Refining IPAC practices by developing the 'IPAC Lead' role in our homes;
- Using technology systems, including *OneCall* and *BookJane*, to communicate and engage with stakeholders;
- Refining the audit program to identify gaps, articulate change, and reevaluate as part of our quality improvement process;
- Ongoing improvements to the *PointClickCare*® database;
- Collaboration between homes and Jarlette Health Services as an organization to refine our processes;
- Engaging with health partners across the health care sector with such projects as *AMPLIFI*, IPAC Hubs, Ontario Health Teams;
- Continuous Quality Improvement internal data reporting to provide baseline data for the Quality Program while providing further information and opportunities to facilitate improvement conversations between our teams;
- Onboarding of Nurse Practitioners to support the medical program within our homes.



Team Member Development

Understanding the challenges the COVID-19 pandemic brought to Long-Term Care across Ontario and Canada, we have identified the need to strengthen our foundational tools and processes to ensure that our teams have the resources to deliver high quality care and support.

Supporting our team members with ongoing and necessary education to meet the needs of residents, to grow as caregivers and build towards the future, is of the highest importance. The **Surge Learning** education platform remains an important tool for educating our team members while ensuring regulatory compliance. Key components of our team member training include emotion-focused care and safety, IPAC, accessibility and customer service.

Continued use of Ministry of Long-Term Care Inspection Guidelines, introduced in 2022, helps to identify areas for improvement in resident care and services. In addition, our regional teams will implement a proactive approach in supporting our homes by conducting an annual “sweep audit” to identify focus areas for change and improvement.

We openly engage our stakeholders in reviewing data, evaluating outcomes and planning improvements.

Palliative Approach to Care

We remain focused on delivering improvements in palliative care. Our teams are working towards implementing the advanced care planning *Prevention of Error Based Transfers* (POET) form to facilitate conversations with residents and families regarding end-of-life choices and care. Further, the POET form helps our teams avoid unnecessary transfers to the hospital by ensuring resident wishes and needs are proactively discussed.

PointClickCare® (PCC)

PointClickCare is the resident electronic health record database. The following areas were improved throughout the year:

- Implementation of a new care plan library;
- Launching the new *Point of Care* library;
- Implementation of Project AMPLIFI;
- Implementation of the Integrated Medication Management (IMM) module;
- Implementation of the Practitioner Engagement Module.

Our goal for 2024 is to implement the ePrescribe functionality for our Physicians and Nurse Practitioners along with our pharmacy partners. We will also continue to automate the flow of data across Jarlette Health Services to decrease documentation redundancies. This will allow our teams to work more efficiently and return time for direct interactions and service to residents.



Mealsuite®

In 2022, we recognized that we needed to improve meal service processes through the use of technology. In 2023, we began implementing Mealsuite software as a pilot project in one of our Jarlette homes. Based on learnings from our pilot project, we are now implementing the Mealsuite software across all of our homes

As part of our efforts to continually improve our residents' experience we look forward to implementing the next stage of the program's roll-out to improve resident satisfaction and enjoyment of meals throughout the day.

Performance Monitoring & Measurement

Temiskaming Lodge prioritizes quality initiatives by leveraging its measurement and accountability systems. Our routine quality and risk management review processes include monitoring and evaluating:

- Performance indicators tracked at the home and program level;
- Priority indicators outlined in the Annual Quality Improvement Plans;
- Professional Advisory Clinical Indicator Reporting;
- Organization-level Quality and Risk Management Incident Reporting;
- Organization-level Benchmarking Indicators;
- Satisfaction and Experience Surveys.

Temiskaming Lodge publicly reports its clinical outcomes, which serve as a valuable resource to support quality improvement across the industry. During the 2023 reporting period, Temiskaming Lodge's clinical outcomes were favorable compared to provincial averages. These results showcase the quality of care provided at Temiskaming Lodge and highlight the continuous improvements in practice, policy, and education that our home has implemented.

Temiskaming Lodge CIHI Performance Indicators 2023

Quality Indicator	Ontario	Temiskaming Lodge
Falls in Last 30 Days	22.32%	15.40%
Worsened Pressure Ulcer	3.40%	0.93%
Potentially Inappropriate Use of Antipsychotics	20.40%	25.62%
Restraint Use	2.20%	1.34%
Worsened Depressive Mood	20.50%	33.64%
Experienced Pain	4.20%	2.68%
Experiencing Worsened Pain	9.60%	16.43%



Resident, Family and Caregiver Satisfaction

At Temiskaming Lodge, we conduct annual resident, family and caregiver satisfaction surveys as part of our commitment to providing high-quality care. We value the feedback of our residents, families, and essential caregivers, and use this information to identify areas for improvement at the home. We strive to achieve high response rates by promoting completion of these surveys. Residents, families and essential caregivers have the option to complete the survey electronically or by using a paper-based version. In November 2023, the Annual Resident, Family and Caregiver Satisfaction survey was conducted.

Temiskaming Lodge uses both formal and informal channels such as newsletters, town halls, resident/family and quality council meetings, team member meetings, etc., to review and discuss survey results with staff, residents, families, and caregivers. The survey results guide the identification of the home's priority areas for quality improvement. The 2023 survey findings were shared in the home in February 2024 and have helped to create action plans to resolve identified issues and concerns. These action plans were then shared in March 2024 with the resident/family councils for their review and input. Copies of the 2023 Resident, Family and Caregiver survey results are posted on the Quality Board within the home and are also available through the Administrator.

We are committed to acting on survey results to improve how we deliver programs and services to our residents, families and caregivers.

Communication Strategy

Communication Strategy Services for stakeholder communications are guided by an overarching organization communications plan which is reviewed annually. The communications plan outlines the strategies used to distribute communications to various stakeholders, including residents, families, caregivers and team members. Jarlette Health Services utilizes both paper and electronic communication mechanisms, where possible, to maximize accessibility by stakeholders. We utilize a multi-faceted approach to communication with all stakeholders. Monthly newsletters, memos and posters are used to communicate with residents, families, caregivers and team members. Emails and the *OneCall* automated messaging system are also used to communicate with residents, family care partners and team members. We also connect directly with Residents' and Family Councils to provide updates on operations, priority projects, and consultations, as needed. We communicate with team members using a variety of mechanisms which include: monthly home specific newsletters, memos, posters, emails, and *OneCall* automated messages. Urgent/time-sensitive communications are also posted on the landing page of the team member accessible intranet.



To learn more about the Temiskaming Lodge's quality initiatives and associated data visit the [Health Quality Ontario \(HQQ\) website](#). Additional information can be garnered through viewing Temiskaming Lodge's detailed [HQQ quality improvement plan](#) which is also posted on our internal quality board. Further inquiries regarding our quality program and initiatives should be directed to our Administrator and Quality Lead

Prepared by Francine Gosselin, Administrator and Quality Leader for the home
Contact for Quality Lead of Home: FGosselin@Jarlette.com

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