

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 5, 2025

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. The Home has an annual budget of approximately \$22M, 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 2025/26 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 and Values.

Mission Statement: With a person-centred approach, Bonnechere Manor is a safe and caring community to live and work

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.

ACCESS AND FLOW

Bonnechere Manor has a full team of professionals who collaborate to ensure best possible Resident outcomes, as identified through Goals-of-Care meetings, on admissions, annually, and during high risk rounds. Our team consists of medical doctors, a FT Nurse Practitioner, a FT Physiotherapist, FT Registered Dietitian, and FT Social Worker. We work closely with other health care agencies to ensure the best care possible.

EQUITY AND INDIGENOUS HEALTH

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 residents also come from the Algonquin's of Pikwakanagan 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 residents' needs, 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, currently a collaborative project with the Ontario CLRI (centres for learning, Research and Innovation in Long-Term Care) 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.

PATIENT/CLIENT/RESIDENT EXPERIENCE

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 is 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 a 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 is similar to that experienced across the LTC sector. 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. The home has hired 20 international workers. These international workers began to arrive in February 2024 and the final recruits are set to arrive in June 2025. 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 very active to engage employees in improving their workplace.

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 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 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 and implemented regularly. Finally, Bonnechere Manor also have regular staff meetings as a platform for resident or staff safety concerns.

PALLIATIVE CARE

Bonnechere Manor prides itself in providing exceptional Palliative and End-of-Life Care to Residents in their own rooms, where they have lived since admission. FLTCA requires that each Resident careplan covers all aspects of care, including a palliative approach to care. At Bonnechere Manor, our care team meets with Residents/Families within six weeks of admission to start these conversations and develop a careplan that supports Resident rights and wishes going forward. The Home promotes a philosophy of Living Well Until Death which is person-centered and driven by the Resident in our care. At the time that End-of-Life symptoms present, family will be advised and further supported by staff. A family overnight suite is available for families who wish to remain close by during this very important time. Our active Palliative Care Committee meets regularly to review our program and have introduced such strategies as a post death survey for families who have received palliative care as well as an honour guard at time Resident passes.

POPULATION HEALTH MANAGEMENT

The Director of Long Term Care participates as a member of Ottawa Valley Ontario Health Team's (OVOHT) Steering Committee. As a member of the OVOHT Long Term Care Network, the DLTC collaborates with participating Long Term Care homes Leadership and various enabler groups toward improved care access for seniors. The Home Administrator/DOC are active participants of Algonquin College/University of Ottawa Health Sciences Program Advisory Committee. This provides an opportunity for curriculum content input toward health care graduates meeting our population health needs.

SIGN-OFF

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

I have reviewed and approved our organization's Quality Improvement Plan on March 26, 2025.



Warden Peter Emon, County of Renfrew



Dean Quade, Administrator / Mike Blackmore, Director of Long-Term Care



Quin Leury, Director of Care, Acting, Quality Committee Chair



Craig Kelley, Chief Administrative Officer

CONTACT INFORMATION/DESIGNATED LEAD

Dean Quade RN, MSN, COHN
Administrator, Bonnechere Manor
470 Albert Street
Renfrew, ON K7V 4L5
613-432-4873 ext 1247
FAX:(613)432-7138
dquade@countyofrenfrew.on.ca

Quin Leury RN, MN
Acting Director of Care
470 Albert Street
Renfrew, ON K7V 4L5

613-432-4873 ext 1060

FAX:(613)432-7138

qleury@countyofrenfrew.on.ca

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	C	Rate per 100 residents / LTC home residents	Other / Q2 24-25	24.40	21.70	Meet provincial average of 21.7% or better	Miramichi Lodge, Renfrew Victoria Hospital, Medical Director, Attending Physicians, Pharmacy

Change Ideas

Change Idea #1 Reduce the number of potentially avoidable ED visits thru early and thorough nursing assessments.

Methods	Process measures	Target for process measure	Comments
1. Educate staff on new RNAO Clinical Care Pathways for resident admission to home. 2. Admission care conferences and goals of care meetings are held within six weeks of transition to long term care	In collaboration with the resident, their substitute decision maker and the interdisciplinary care team ensure accurate documentation of goals of care specific to palliation and threshold for acute care transfer	1. 100% of MDS team will be trained on Clinical Care Pathways by MDS coordinator 2. 100% of residents admitted to home will have admission process completed thru Clinical Care Pathways	Nurse practitioner and medical staff now utilizing a bladder scanner which will aid in bedside diagnosis and eliminate need to transfer to hospital. Analysis of quarterly statistics, flagging potential unnecessary transfers for nurse practitioner review with nursing staff

Safety

Measure - Dimension: Safe

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	16.99	15.52	Meet provincial average of 16.5% or better	Miramichi Lodge, Pharmacy

Change Ideas

Change Idea #1 Resident Care Coordinator(RCC) along with falls lead/champion will educate residents, families and staff on fall reduction strategies

Methods	Process measures	Target for process measure	Comments
1. Each resident fall will be reviewed and documented in a falls tracking tool. Gap analysis completed using this tool. 2. RCC and falls lead/champion will continue to compose and distribute a quarterly "Falls" newsletter for residents, families and staff 3. RCC or falls lead/champion will offer to provide education sessions to resident council and family council	Percentage of completed education sessions will demonstrate engagement.	1. 100% of current of staff will complete falls education 2. Quarterly newsletter will be sent out 3. Attend resident or family council upon request	Common trend to have one resident with several falls which is also a consideration when reviewing stats. In addition, some residents/families wish to life and risk and refuse fall prevention strategies the home has offered; such wishes are part of the care plan

Measure - Dimension: Safe

Indicator #3	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	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	19.83	17.00	Meet provincial average of 20.1% or better	Miramichi Lodge, Geriatric Mental Health (GMH), Pharmacy

Change Ideas

Change Idea #1 BSO lead will work to ensure that an antipsychotic review is conducted regularly for all residents who are prescribed antipsychotics. If outcome review suggests weaning or stopping the antipsychotic is appropriate, further interventions will be implemented to decrease use of antipsychotics (ex: collaboration with physicians regarding suggestions for change in treatment, GMH consultations, non-pharmacological intervention where appropriate)

Methods	Process measures	Target for process measure	Comments
De-prescribing initiatives were introduced in 2023 and continue to be followed. Medical staff and nurse practitioner complete thorough three month medication reviews and make changes where able. Home embarking on Assessment for Delirium clinical pathway through RNAO during this reporting period which will decrease need for antipsychotic medications by taking a more proactive approach to addressing deliriums.	Quarterly drug utilization reports provided by Pharmacy	100% of residents prescribed an antipsychotic medication will have a medication review completed each quarter to ensure appropriate use and effectiveness of prescribed medication.	New admissions from acute care and retirement home often have antipsychotics as behaviour management strategies. Our home refers to Geriatric Mental Health after BSO strategies have been exhausted; typically results in addition of antipsychotic medications as last resort to manage residents in the Home. Antipsychotic use strategies analyzed per interdisciplinary team quarterly via Quality Improvement Committee.

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	% / Other	Other / Quarterly	2.10	2.10	Remain below provincial average of 2.3%	Miramichi Lodge, Wound Care Consultant

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
<p>1. Registered staff will continue to utilize PCC Skin and Wound for all skin and wound assessment. 2. Education will be provided internally by RCC and NP. Skin and wound education will be completed via the Staff Development Program on prevention strategies. Specific training on wound staging and appropriate wound dressings for each type of wound will be completed with the Registered Staff. 3. Prevention and cream-care education will be provided to PSW staff. 4. External education will be pursued and presented. Specifically, MEDLINE will provide education to registered staff.</p>	<p>1. Registered staff will be confident in their wound assessment and dressing capabilities. 2. PSW staff will utilize the proper product for preventative skin care measures.</p>	<p>1. 90 % of registered staff will receive education to assess wounds with an emphasis of accurate staging documentation and optimizing wound product for wound type. 2. 75 % of PSWs will receive education on preventative skin care measures.</p>	<p>Numbers will be reviewed quarterly at QIP and PAC. Bonnechere Manor will be formalizing skin and wound clinical pathways through RNAO</p>