

# County of Simcoe

## Long-Term Care & Seniors Services

# QUALITY AND SAFETY MANAGEMENT PLAN

## July 2022



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# Introduction

The Long Term Care & Seniors Services (LTCSS) Quality Management and Safety Plan presents a health system model adopted from the Health Quality Council of Alberta (HQCA) Quality & Safety Management Framework (July 2017). The model demonstrates a quality and safety management cycle in support of proactive management and ultimately to optimize patient/resident outcomes. The model design is continuous, iterative, and based on the principles and practices of continuous quality improvement (CQI). This Quality Management and Safety plan is in alignment with the corporate strategic plan, strategic directions and values. The LTCSS mission statement and department specific objectives focus on improvement of one or more of the following six quality dimensions taken from the Institute of Medicine (IOM):

- **Safety:** Avoiding Harm & Fostering Security
- **Timely/Accessible:** Ease with which health & wellness services are reached
- **Patient Centered/Appropriateness:** Care that is specific to a person's or community's context
- **Effectiveness:** Care that is known to achieve intended outcomes
- **Equity:** Fair distribution of services and benefits according to population need
- **Efficiency:** Optimal and sustainable use of resources to yield maximum value

The HQCA system design model has 5 phases (see **Figure 1** – Quality & Safety System Model). Phase 2 of the cycle requires people to identify issues, hazards and opportunities. Frontline staff face daily challenges providing optimal care to the residents. They also have many great ideas for improvements. In order to hear and capitalize on these ideas there must be a non - punitive approach that promotes individuals to share errors or incidents of poor quality. Throughout this plan, there is repeated emphasis on the importance of collaboration with frontline staff to articulate and align expectations of frontline staff through to senior management of their roles, responsibilities and accountabilities in safety and quality.

As demonstrated in **Figure 1** - Quality and Safety, with the enablers, the foundation of the model shows the need for an organizational culture where participation and leadership in safety & quality improvement are resourced, supported, recognized and celebrated.

The LTCSS quality management plan consists of the following components; continuous improvement, system enablers, performance measurement, risk management, accountability structure, education & staff development, sustainability and spread and communication.

## LTCSS Mission

Long Term Care and Seniors Services' mission is to provide effective, high quality, safe and efficient long-term care services in a home-like setting to the residents and families we serve. The organization's strategic plan articulates our mission and incorporates the County of Simcoe's mission, vision and values.

## Objectives

The Balanced Scorecard has been developed using the following four (4) perspectives; Customer, Internal Business (Workforce), Finance (Sustainability & Accountability) & Innovation/Learning & Growth with associated objectives and performance indicators.

## Corporate Values

**Stewardship** - Responsible Guardians for a Sustainable Future

**Leadership** - Inspire, Empower, Lead by Example

**Integrity** - Honesty, Trust and Transparency at all times

**Innovation** - Creative, Progressive, Leading Edge Ideas

**Respect** - Recognizing Individualism through Fair and Equitable Interaction

**Accountability** - Commitment, Ownership and Follow through

**Co-operation** - Positive Approaches to Partnerships, Team Work and Understanding

## Core Services

LTCSS provides a broad range of services to a growing population of seniors and adults with special care requirements living throughout the County of Simcoe. All programs within LTCSS were designed to provide high quality, safe and excellent care to residents, clients and families.

To allow for equitable access to Long Term Care Services, the County of Simcoe operates four (4) Long Term Care Homes, one (1) supportive housing program, two (2) life lease community programs, one (1) retirement living, one (1) affordable housing and two (2) adult day care programs. Partnerships with The Victorian Order of Nurses Adult Day Programs and Hospice Simcoe Palliative Care Programs have been developed to enhance services to the community. LTCSS follow the Age Friendly strategies as defined by the World Health Organization. The County of Simcoe recognizes Age-Friendly concepts that support our aging population and have developed a framework for all communities that reside within Simcoe County.

All programs are subject to regular review and are required to comply with standards and policies as noted by the Ministry of Long Term Care (MLTC) legislation, Retirement Homes

Regulatory Authority (RHRA), the Ministry of Labour, the Ontario Health and Safety Act (OHSA), and all other applicable legislation.

In addition, the County of Simcoe Long Term Care Homes and Seniors Services achieve accreditation by undergoing an objective evaluation of the care and quality of services they provide to residents, and then comparing these findings against a set of national standards through the Accreditation Canada process every four (4) years.

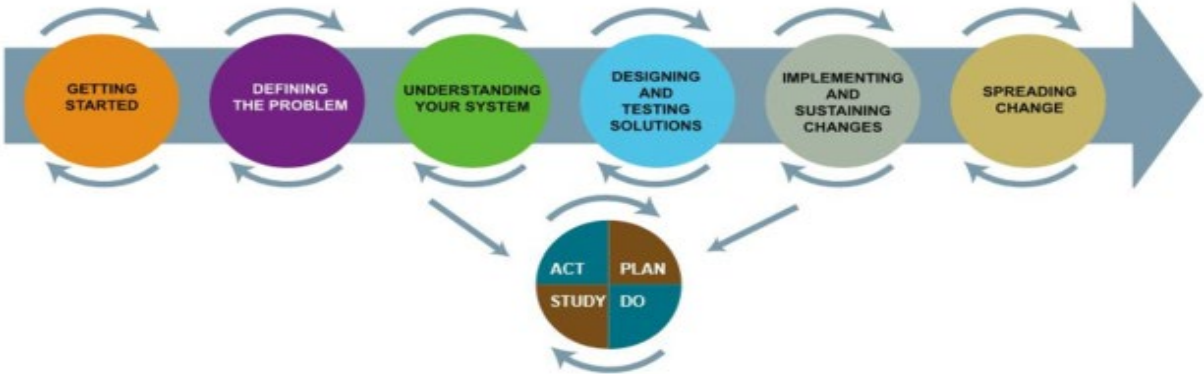
The LTCSS objectives and initiatives are aligned with the following four strategic directions from the corporate Strategic Plan:

- 1. Growth-related service delivery.
- 2. Strengthened social, health and educational opportunities.
- 3. A culture of workplace and operational excellence.
- 4. Environmental Sustainability

These strategic directions are recurring themes in this Quality Management and Safety Plan. To help strengthen the organizations focus on these four directions, annual performance plans are aligned with these strategic directions. Associated work plans at the homes and individual levels also align.

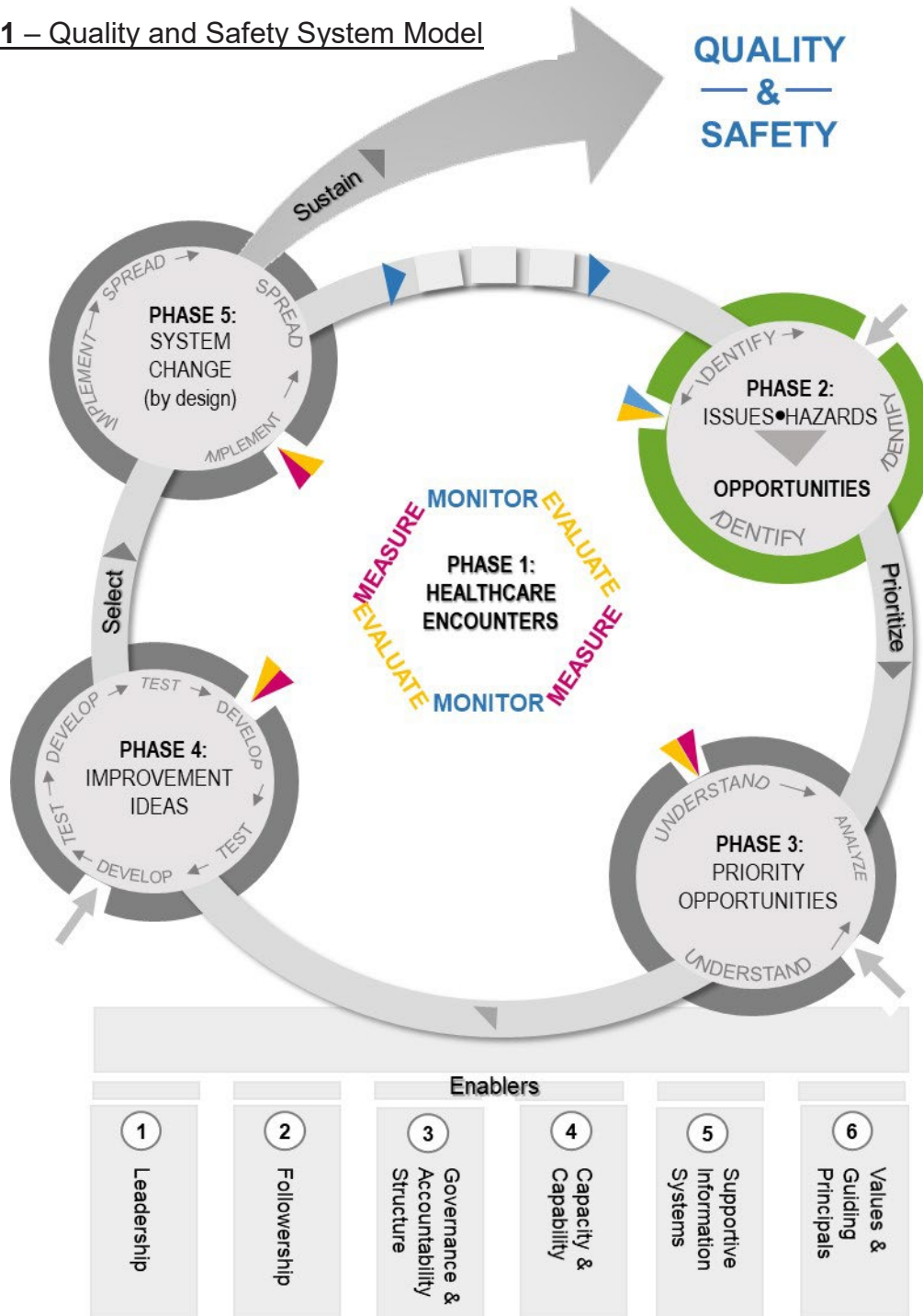
## Continuous Quality Improvement (CQI)

CQI is the quality management process that encourages all health care team members to continuously ask the questions: How are we doing?; and, Can we do it better?. The recognizable cycle for continuous improvement shown below shows the 6 phases of continuous improvement and the PDSA cycle used throughout the design and trial phases for testing of change ideas.



We chose the AHQC system design model for our quality management plan shown below in **Figure 1** as it reflects the continuous improvement cycle outlined above, yet also captures the system enablers as the foundation required for success. It also demonstrates continual surveillance of the system performance in the centre (phase1) of the diagram indicating it as the baseline requirement for all health encounters in a quality safety model.

**Figure 1 – Quality and Safety System Model**



# Quality and Safety System Model Phases

## PHASE 1 (Measure, Monitor & Evaluate)

Performance measurement involves the monitoring and evaluation of indicators that are developed through interdisciplinary discussions across all departments of LTCSS.

Monitoring involves on-going measurement of performance within our Balanced Scorecard that includes four dimensions:

- Dimension 1: Customer – To Improve Patient, Resident and Family experience outcomes through inter-professional, high quality care
- Dimension 2: Operations – To Advance our Strategic Priorities through appropriate and purposeful use of resources
- Dimension 3: Internal Business (Workforce/Man Power) - Change health care practices through the creation, translation and application of knowledge and safety protocols
- Dimension 4: Innovation, Learning and Growth – Implementation of Standard Work and Engagement through Lean, New Programs and Learning

Monitoring uses a systematic collection of data from multiple sources including Point Click Care (PCC) on a monthly basis. Regular collection and review of data within the Balanced Scorecard (BSC) enables review of each parameter to provide management and stakeholders with indications of progress and achievement of objectives. The BSC indicator monitoring includes regular tracking of resources and activities to inform improvement activities and needed interventions.

Evaluation focuses on proving impacts of activities being monitored and success of interventions implemented. This process determines the worth or significance of a specific activity, process or programs to measure its efficacy in improving the lives of our Residents, patients and clients. Evaluations include qualitative information on lessons learned from quality improvement and satisfaction surveys thereby providing a holistic and all encompassing information required for decision making.

Methods used for evaluation include:

- Annual Resident, Client and Family Satisfaction Surveys
- Audit program that evaluates efficacy of processes and procedures
- Inspection Protocols for each department



## **PHASE 2 (Issues/Hazards – Opportunities)**

With a focus on patient experience and evaluation of efficiency, accessibility, appropriateness and effectiveness of performance, quality initiatives are prioritized using various quality techniques in support of data informed decision-making.

Each dimension of the Balanced Scorecard contains sub-objectives within the main monitoring tool, along with subsequent departmental scorecards to inform more specific activities on a smaller scale.

### **Dimension 1 – Customer focuses on:**

- Improving resident, patient, client and family satisfaction
- Reducing critical incidents
- Reducing medication incidents
- Reducing complaints and concerns
- Increasing staff performance to meet resident and family needs
- Monitoring quality improvement metrics

### **Dimension 2 – Finance focuses on:**

- Reducing budget variance
- Monitoring capital budgets, operation budgets and workforce budgets
- Tracking occupancy rates

### **Dimension 3 – Internal Business focuses on:**

- Reducing staff turnover
- Improving staff attendance rates
- Ensuring the health and safety of staff
- Improving staff satisfaction

### **Dimension 4 – Innovation, Learning and Growth focuses on:**

- Improving practices through audits, IPs and Evaluations
- Supporting the volunteer programs
- Improving communication with staff and families
- Ensuring scheduled review of policies to meet legislative requirements
- Supporting continuous improvement activities
- Improving education attendance

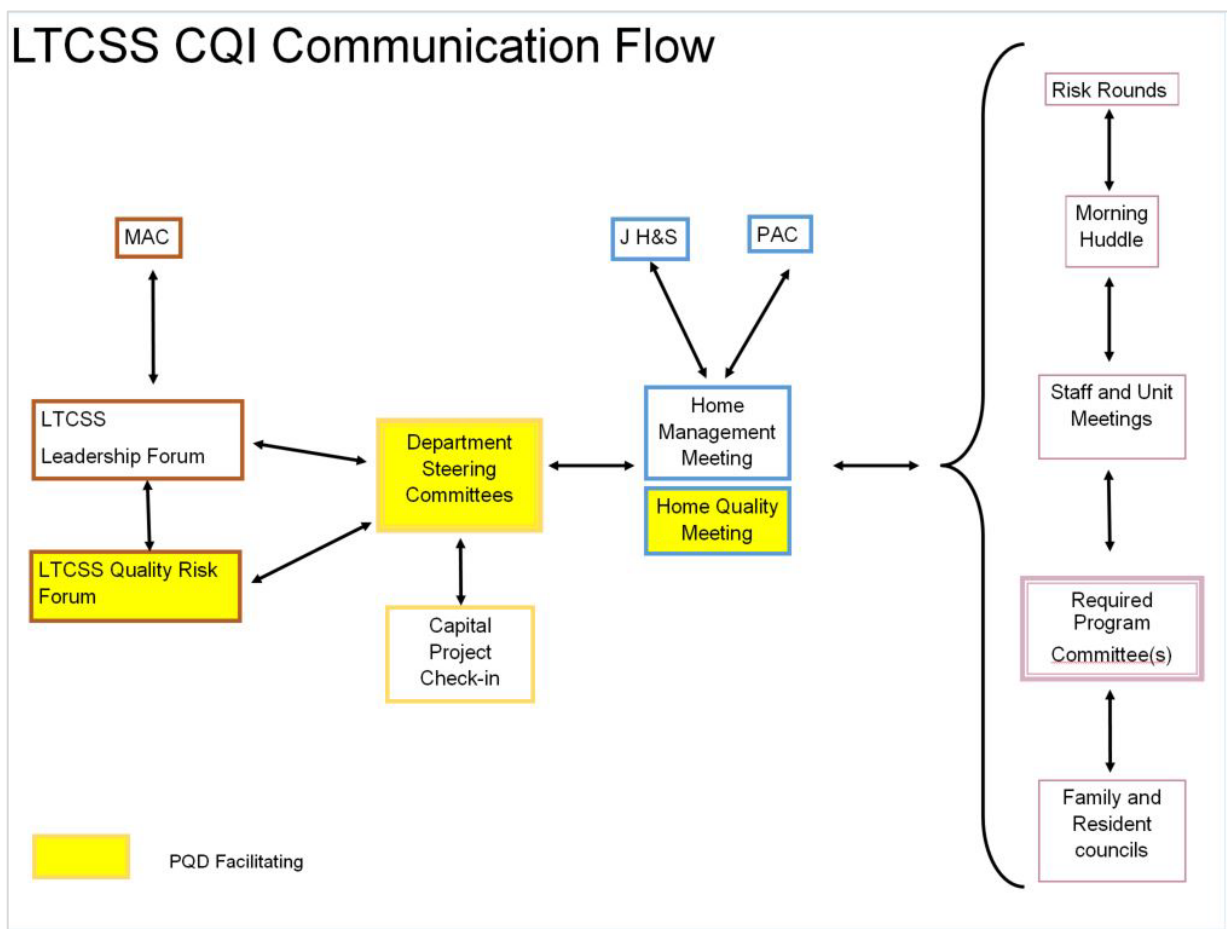
Evaluation activities also highlight where improvements are needed in processes and standard work.

### PHASE 3 (Priority Opportunities)

Through ongoing dialogue and discussion, we gain a deeper understanding of factors contributing to issues and opportunities as shown through monitoring and evaluation to prioritize opportunities for improvement.

This is completed through communication protocols developed across several committees and structured meetings as outlined in **Figure 2** below. All communication flows to and from the Leadership meetings, through each departmental steering committee, to the home management team meetings and front line staff. This is a 360-degree flow of communication ensuring that drivers from leadership reach the front line, and feedback from the front line reach leadership.

**Figure 2 – LTCSS CQI Communication Flow**



## PHASE 4 (Improvement Ideas)

Once prioritized, opportunities are looked at for possible improvement and intervention tests of change. Using lean methodologies and a Plan-Do-Study-Act approach, each improvement idea and/or intervention undergoes small tests of change with continuous feedback. Once a positive impact on performance or patient outcome is proven, the small test of change is further developed in consideration of an overall process or system change.

## PHASE 5 (System Change by Design)

Process change implementation is spread utilizing various change management techniques to ensure compliance by all stakeholders, and then monitored regularly to sustain the improvement ideas.

Communication is a key component in process and system change utilizing the communication flow as mentioned above. Education delivered to frontline stakeholders is also an enabler of improvement that results in process change compliance and sustainability.

Ongoing communication and education with stakeholders needs to encompass the four principles of change management including; understanding the change and why it is happening, being part of the plan of change, engagement with the change implementation processes/initiatives; and finally keeping stakeholders informed of the change through regular and consistent communication.

## Quality and Safety System Enablers

In the Quality and Safety Model, the following 6 enablers are identified and essential to support the effective implementation and sustainability of the model. Work is underway in all of the enablers listed below with more work required moving forward.

### Leadership

Senior leadership needs to determine the 'what' the system does now and in the future while Managers and staff determine the how.

Quality Forum monthly meetings are held where QI initiatives are prioritized, performance indicators reviewed and decisions made on next steps. Leadership issues requiring discussion from home and/or steering committees are brought forward on a weekly basis for prioritization and decision-making. As shown in **Figure 2, CQI Communication Flow** diagram above, direction is given back to home mgmt team and/or steering committees for implementation.

## **Followership**

In order for staff to follow they must be engaged in the development of improvement goals and believe that they are integral to the achievement of those goals. Staff need to see that their input is captured and reflected in a meaningful way throughout all quality improvement efforts.

The County of Simcoe launched the IGNITE program to blaze new paths with Lean in 2018 that seeks to:

- Empower employees to understand their work processes and look for opportunities for improvement in their work areas
- Changing the culture from one that is top down driven and led by the Executive team, to a culture that has engaged employees who continually strive to improve the processes and the way that they work every day knowing that they understand and see their processes from end to end and can identify value from their customers perspective

The IGNITE program was launched through a communication campaign that included education on lean, and revolved around staff submitting their ideas for change. This has long been used in LTCSS as all staff are encouraged to look to the process they engage with each day to look for ways to improve them. Ideas for change are submitted using an electronic tool that is regularly monitored.

## **Accountability & Governance**

For effective improvements to be implemented and sustained, organizations need to have clear organizational accountability for results. This requires a formal organizational structure that supports quality and safety management (see **Figure 3** - LTCSS Organizational & Accountability Structure August 2021).

Monitoring and evaluation of results are tied to individual and team performance evaluations and included on annual workplans ensuring engagement and accountability. Accountability reviews, when required, look not only to the individual but to the system using a Just Culture approach to ensure that external pressures and process concerns are considered as part of the review.

## **Capacity & Capability**

Clear plans for succession, identification of emerging leaders and leadership education to mitigate gaps in leadership is required. The County of Simcoe Human Resources department have established the leadership core competencies & initiated training of all management staff in support of baseline leadership skills/tools. The development & implementation of LTCSS specific management staff orientation is underway.

## Supportive Information Systems

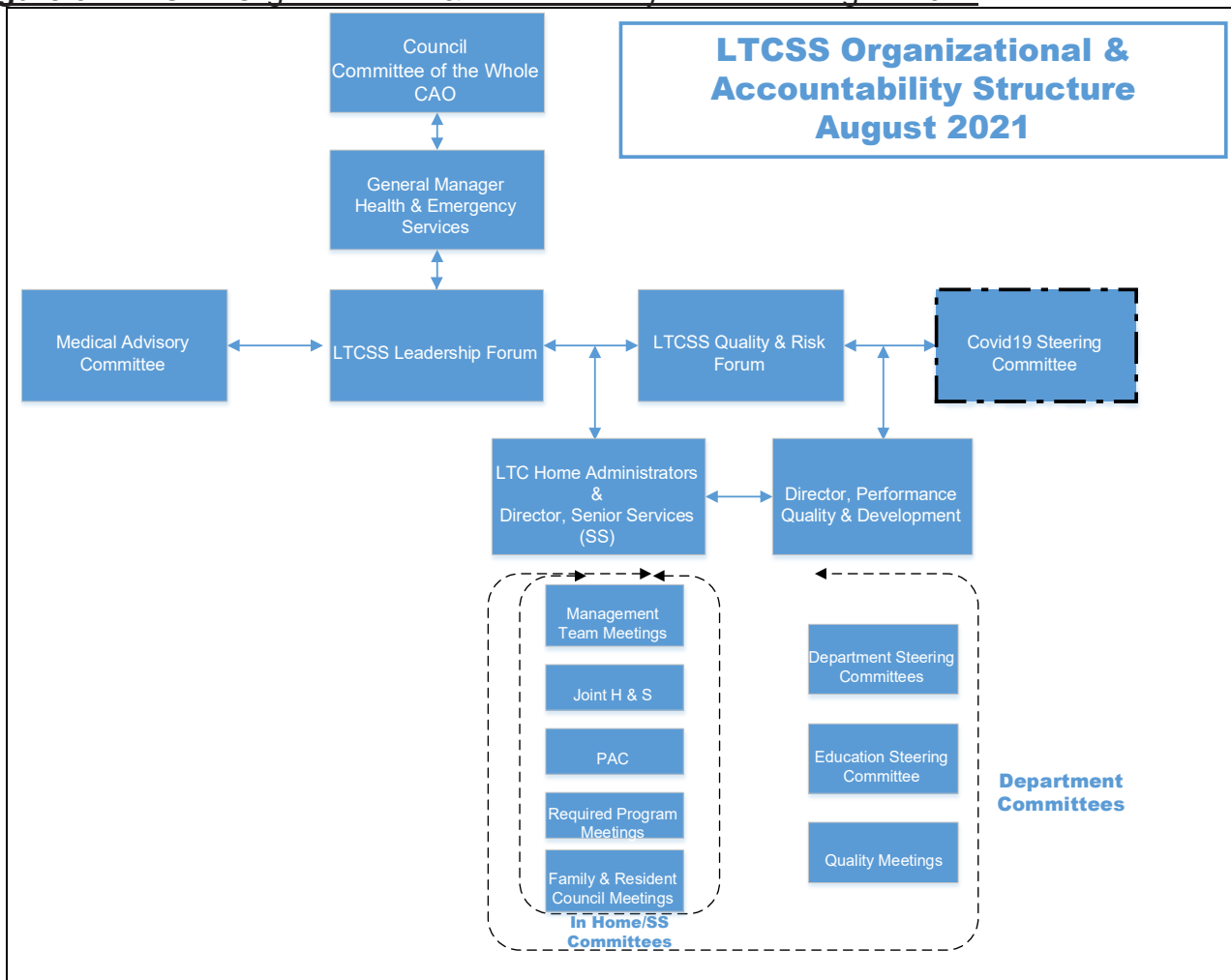
Monitoring, measurement and evaluation are critical at all stages of quality and safety management. Information infrastructures are the technical backbone that supports performance improvement through the development and implementation of action plans.

Working with the County of Simcoe’s Information Technology department, we evaluate the needs of each improvement idea, or change in practice for IT requirements and work collaboratively with them through regularly scheduled touch points to translate manual processes into efficient automated processes whenever possible.

## Values & Guiding Principles

The corporate values outlined previously in this plan, provide the moral & ethical compass for quality & safety management initiatives. See **Appendix A - Corporate Ethics Policy & Process**.

**Figure 3 – LTCSS Organizational & Accountability Structure August 2021**



## Resident Safety Plan

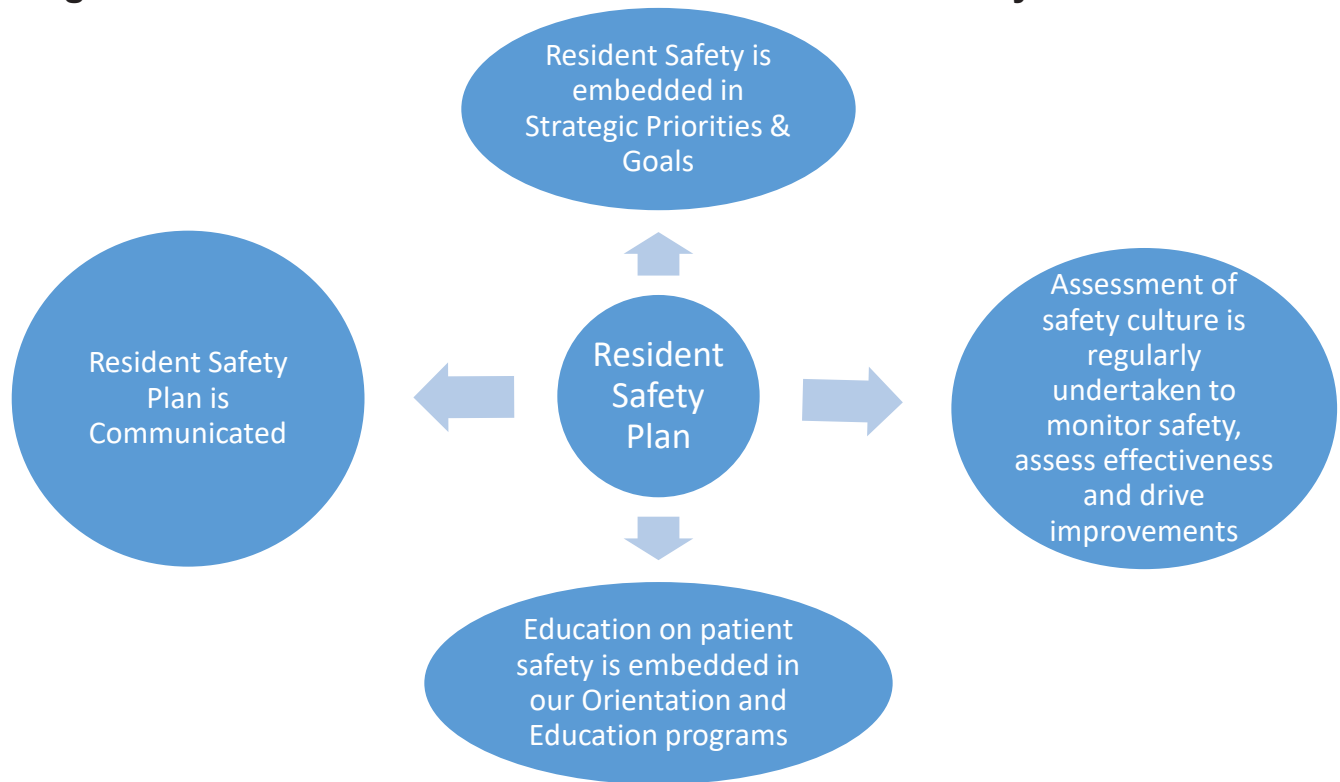
The Patient Safety Institute identifies that patient safety culture is multi-dimensional consisting of a number of features:

- **informed culture** – relevant safety information is collected, analyzed and actively disseminated
- **reporting culture** – an atmosphere where people have the confidence and feel safe to report safety concerns without fear of blame, and they trust that concerns will be acted upon
- **learning culture** – preventable patient safety incidents are seen as opportunities for learning and changes are made as a result
- **just culture** – the importance of fairly balancing an understanding of system failure with professional accountability
- **flexible culture** – people are capable of adapting effectively to changing demands

A patient safety culture understands that culture influences patient safety outcomes directly by determining accepted norms and practices and indirectly by acting as a barrier or enabler to the adoption of interventions designed to promote patient safety. Each person, group, unit, home is likely to have its own culture. It is imperative to understand the potential influence between, people, the system and culture. Focusing on system improvement and learning, rather than individual performance drives actions that support patient safety and incident management. (Patient Safety Institute 2021)

In a positive and proactive Patient Safety Culture, all involved stakeholders are informed of potential safety risks and supported through an open and collaborative environment that support to identify risk and opportunities for improvement. Further, Sammer et al 2010 identified seven subcultures of patient safety culture; leadership, teamwork, evidence-based, communication, learning, just, patient centred. Each of these subcultures are embedded in the work of the County of Simcoe Long Term Care and Senior Services.

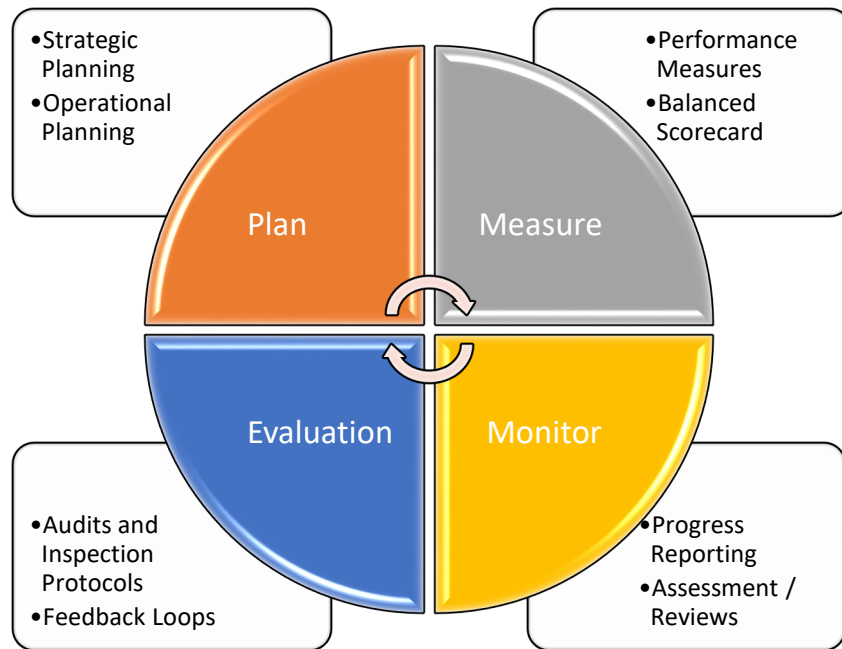
## Long Term Care and Senior Services 2022 Resident Safety Plan in Action



The Safety Plan in **Appendix B** outlines the ongoing work of the County of Simcoe Long Term Care and Senior Services and is integrated in all of the work undertaken to improve service provision. It should be noted that Ontario has the lowest number of hospital beds per capita, and hours per day for care in LTC, characteristics that can impact the ability of homes to manage patient safety issues. Resident Acuity has markedly increased in the recent past with minimal increases in resources giving rise to additional complexities in risk and resident safety incidents. Any strategy to improve the patient safety culture must acknowledge these shortfalls and come up with creative ideas to overcome these obstacles.

## Performance Measurement

It is not enough to simply measure and report on performance, we need to use this information to continually improve our services. A key driver that holds together the various and diverse aspects of LTCSS, is a continual striving to provide the best possible care and services to our residents and our community. To achieve this we utilize a variety of quality tools throughout the Quality System Model; PDSA Cycle; the Cause and Effect Diagram (Fishbone); check sheets; control charts; Flowcharts, the Pareto Chart, audits and departmental reviews which allows us to provide a standardized process for conducting quality improvement initiatives as presented below.



Review of performance measures identifies opportunities for improvement. If a performance measure shows performance is below standard, then processes or behaviours may need to be changed to bring the measure back to standard. If the measure is consistently showing substandard performance, a more formal quality initiative to improve performance may be required. After any change is implemented, we need to continue to monitor and communicate the measure to ensure the change is sustained and has had the desired effect.



## **Performance Plan**

### **Alignment with the Corporate Strategic Plan**

The strategic plan serves as the community's map that will help take us from where we are today to where we want to go. It is the foundation for the future.

The strategic plan is developed from Council and resident input to obtain an understanding of the issues. It consists of the corporate and departmental vision, mission, values and strategic directions.

### **A Strategic Plan in Action**

Along with the strategic plan, monitoring and evaluation is updated throughout the year in LTCSS based on feedback as determined throughout the communication flow between Leadership and frontline staff. With each improvement initiative, additional metrics are measured and added to the balanced scorecard if required, and to the Soar Audit program schedule.

A number of demographic and operational indicators are also collected and may not be reported on the balanced scorecard but are used for report writing and program evaluations that do not require routine scrutiny. Indicators are reviewed annually for significance and ongoing usefulness and updated accordingly.

Project planning every year begins with a prioritization exercise that reviews all proposed projects and improvement initiatives brought forward either through 'Ideas for Improvement' or via discussion with staff and management. Each project/initiative is evaluated to determine its priority in the project queue by looking at the scope of the project, its expected outcomes and resource requirements.

### **Departmental Annual Work Plans**

Annual work plans are developed with each home and the seniors services department in collaboration with the Performance, Quality and Development department staff. Operationally these work plans encompass annual goals, and objectives, capital projects, and any other projects to be undertaken during the year and in alignment with the annual budget. Within each work plan, annual targets and accountabilities are established. Each work plan outlines the goals and objectives of the department and any new programs or initiatives specific to their areas based on the Corporate and Long Term Care and Seniors Services strategic plan. It helps to align budgeted resources to achieve the results outlined in the strategic plan. Work plans ensure that all departments in the organization are working toward the same results, and communicate what it takes to accomplish the desired results.

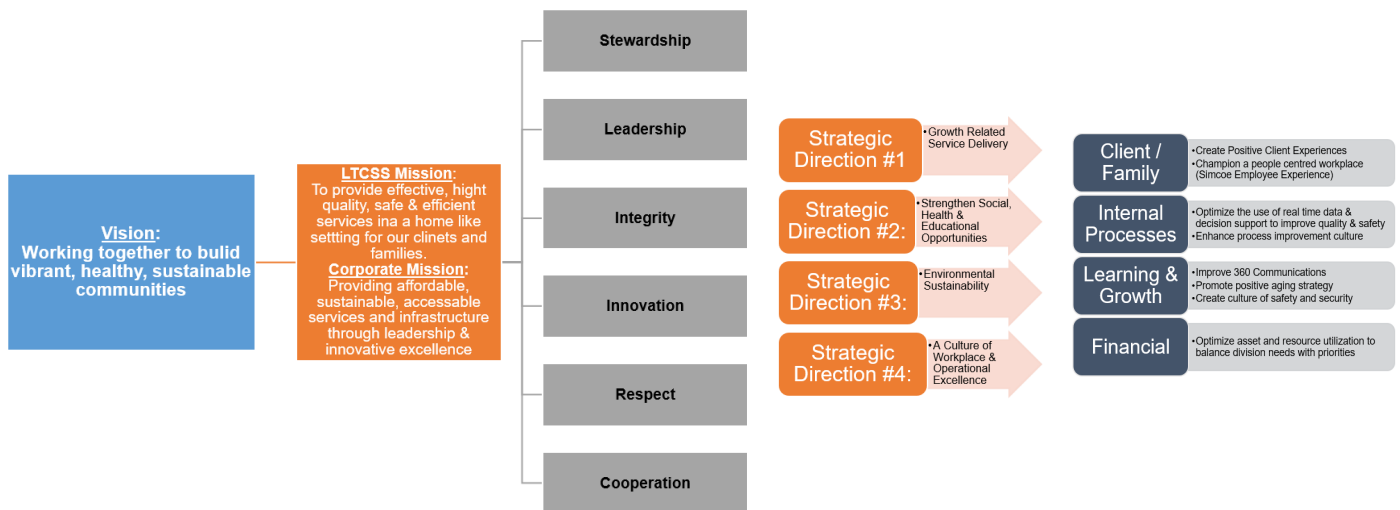
# Monitor Performance through Measurement

## Corporate and Departmental performance

Based on the vision, mission, goals and objectives, performance measures have been developed and are utilized to determine how well we are doing. They show our successes and our opportunity for improvement.

Community measures show the effect programs and services have on the community. Service measures demonstrate the level of service to the residents. Efficiency measures show how resources are used and customer-satisfaction measures indicate the quality of services delivered to the customer and their satisfaction levels.

Objectives set the performance target or standards to be maintained. Contained within the description of the objectives is the performance measure. Performance is measured to improve the performance of the operations. A rigorous performance measurement program demonstrates public accountability and transparency. Performance measures must be consistent with the goals and objectives. They must be understandable, appropriate, reliable, accessible, timely, cost-effective, and controllable.



## Report on Performance

### Progress Reporting

Track and reporting on the status of key tasks and goals identified in plans and initiatives, include the; strategic plan, departmental work plans, individual performance plans and budgets. Monthly meetings are held with the General Manager and the direct reports to review progress and identify any barriers or challenges to success.

### **Home-Specific Progress Reports—Monthly**

Monthly reports and reviews are completed for each Long Term Care Home and Seniors Services to review performance indicators. Data is compared internally, with tracking and trending completed for areas of risk. Results are discussed at the Quality Committee meetings at the home. See **Appendix C – Long-Term Care and Seniors Services Quality Indicator Definitions**.

### **Departmental Progress Reports—Monthly**

Monthly reports are prepared and submitted to the General Manager. They include a review of the performance indicators over a three-month period, both within homes and between homes, as well as an analysis of the variances. These reports are discussed at the quarterly Quality & Risk Forum and the monthly home Senior Management meetings, where action plans, follow-up plans and best practices are discussed. See **Appendix C - Monthly Report - LTCSS Balanced Scorecard**.

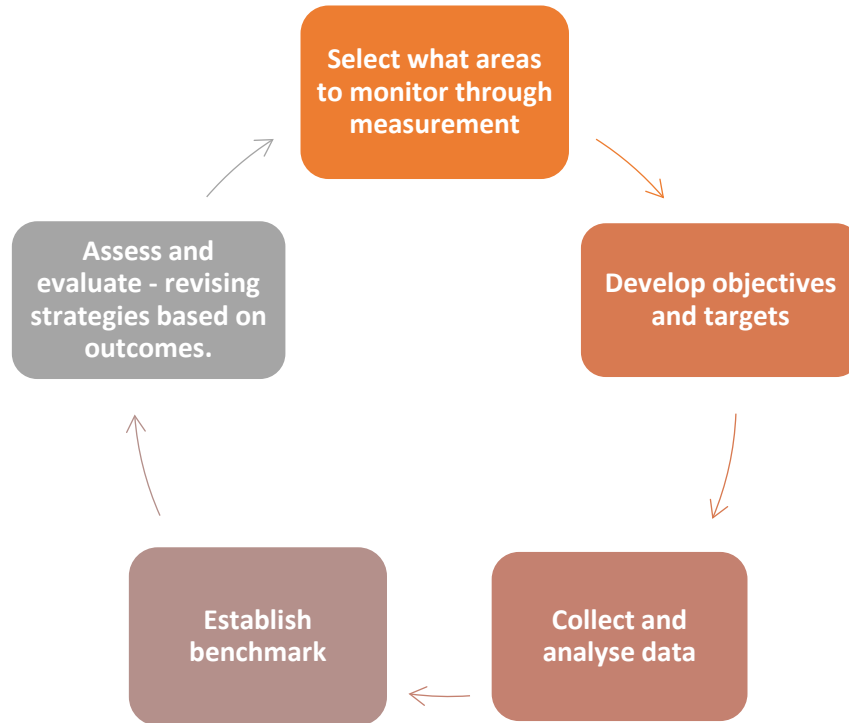
### **Progress Report for Residents - Annually**

Annual updates and reports are provided to the residents to show how we are doing on the strategic directions that matter most to them. This includes posting information on the quality boards in the homes, quarterly newsletters and presenting to Resident Council when invited.

### **Performance Management System**

A tool should be used to help departments align their activities to the strategic plan and make performance information timely. It needs to manage and review those metrics that are leading, as well as those that are lagging in order to identify a solution if required. The Long Term Care and Seniors Services utilize the Quality Improvement Plans and indicator spreadsheets to manage performance. The Quality Improvement Plans (QIP) and monthly monitoring are currently the tools used by the Long Term Care and Seniors Services Department. Development of performance measures is an ongoing & iterative process. If a measure is not providing information that helps to make decisions, the measure will not continue to be used and another more appropriate one will be added. In addition, if a goal has been achieved, the related performance measure can be replaced with a new measure for another goal.

**Figure 4 - Cycle of Planning, Monitoring and Evaluation**



## Risk Management

Long Term Care and Senior Services is committed to; safe and high quality care practices, resident quality of life and a safe and equitable workplace. In order to ensure the highest quality of care and services for our Residents, we have implemented a divisional Risk Management program to address areas of concern identified by the staff, residents, families and community partners. In our Homes and Community Programs the Risk Management program focuses on understanding the risks, the likely consequences if and when they occur and how we can minimize impact.

The LTCSS risk management program is designed in accordance with the adopted AHQC quality safety system model in Figure 1, with a foundation of a robust performance measurement platform. The goal of the risk management program is to minimize resident harm through the development and implementation of evidenced based programs and practices monitored by quality indicators and evaluated through audits, surveys and leadership rounding.

The Risk Management program is overseen by the Professional Practice staff of the Performance, Quality & Development department and encompasses the following key activities:

- Policy and Procedure management,

- Event reporting & management (including Privacy and Disclosure)
- Legislative Compliance

## Policy and Procedure Management

Our policy and procedure management program is focused on the development of sound, evidence based policies and procedures that meet the legislative requirements and follow best practice initiatives. Professional practice staff facilitate policy and procedure development in collaboration with the operational subject matter experts from the LTCSS departmental Steering Committees.

Through the lens of the LEAN philosophy, including the development of standard work, staff are engaged by Performance, Quality & Development staff in the development and implementation of easy to understand processes to meet the policy/procedure requirements.

## Legislative Compliance

LTCSS operations is governed by multiple legislative bodies in the provision of care and services to our residents and as an employer for the staff. The three main legislative bodies are the Fixing LTC Homes Act and Regulations and the Retirement Home Act and Regulations and the Occupational Health and Safety Act (Ministry of Labour). Policies, Procedures and Processes are developed to ensure that we meet these legislative requirements.

Performance, Quality and Development staff support LTCSS operations through policy, data trending and analysis and auditing policy and process compliance to ensure that staff are working within and meeting the requirements of the various legislative bodies. Upon identification of non-compliance, support is provided by Professional Practice staff in the development of compliance action plans in collaboration with the operations team to ensure that remedial action is completed to shift the Home back into compliance with legislation.

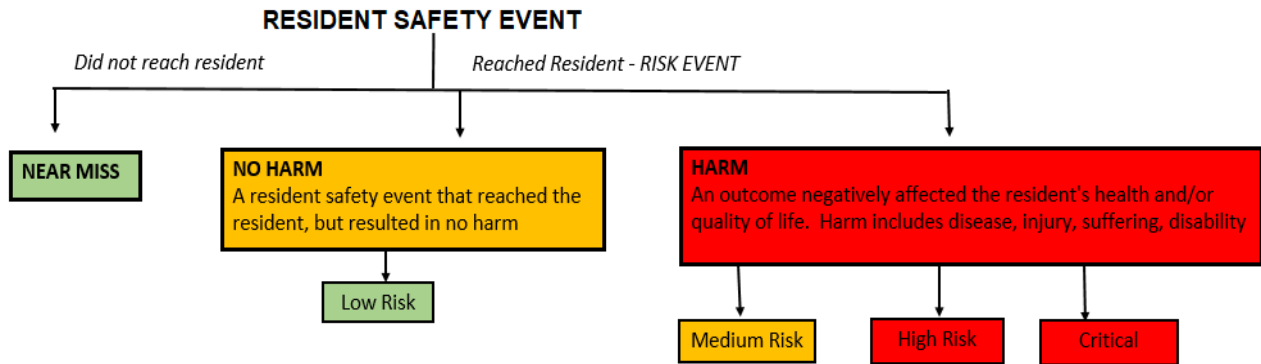
Professional practice staff also support operations with compliance with other legislative requirements associated with the following applicable legislation including, but not limited to:

- PHIPPA
- MPHIPPA
- Substitute Decision Maker Act
- Quality of Care Information Protection Act

## Risk Identification

All resident and staff related risk and safety events (including privacy breaches and concerns/complaints) must be assigned a risk level according to the Resident Safety Event flow chart in **Figure 5** below. The level of risk is dependent on the impact to the resident or staff. Near Miss incidents are reviewed by Departmental Steering Committees in an effort to implement mitigation strategies to avoid further incidents.

**Figure 5 - Resident Safety Event Flow Chart**



Adapted from: Incident Analysis Collaborating Parties. Canadian Incident Analysis Framework, Edmonton AB: Canadian Patient Safety Institute, 2012

## High Risk Investigations

Professional Practice staff support LTCSS in implementing procedures within LTC and Seniors Services to ensure full accountability for the investigation of all risk management events regarding any aspect of the delivery of long-term care and seniors services. LTCSS is subject to scrutiny by a number of stakeholders and we must address respond to resident, family and staff complaints, concerns and events in a timely, professional and consistent manner.

All investigations must be completed in accordance with the legislated requirements of the *Long Term Care Act* and *Retirement Home Acts* and must be administered with due regard for all legal, ethical and professional practice considerations.

Safety Events are categorized by either high or low risk. (Medium risk events are managed as part of the High Risk process as it would involve resident harm). Both event types are investigated and analyzed for risk mitigation to prevent reoccurrence and recommendations may arise for improvements from each event type. The Operations at the Homes assume the lead role for investigating low risk events, while all high-risk events are escalated to Professional Practice. Low Risk incidents are tracked by Professional Practice to monitor for trends, recurring issues or practice concerns. Any recommendations arising from low risk investigations are shared at Departmental Steering Committees for recommendations of policy and procedure changes or auditing at other Homes.

High-risk investigations are conducted by Professional Practice staff who provide an arm’s length approach. Professional Practice staff are not involved in the day-to-day operations of the Home and are required to investigate all the facts and possible contributing factors for consideration. The investigation process is outlined in **Appendix D – Investigation Reference Guide**. It is the role of the investigator to determine whether, based on the evidence collected and interviews with parties involved, if the event or allegation is substantiated or unsubstantiated. Professional Practice staff have all received significant training in

investigation processes to ensure the approach includes all aspects outlined below in **Figure 6 - Professional Practice Investigation Philosophy**.

**Figure 6 - Professional Practice Investigation Philosophy)**



## Remediation and Recommendations

With any investigation, gaps in practice, process or policy may be identified in the system as a whole. Remediation aimed at system improvements to prevent reoccurrence are examined to minimize risks, if risks cannot be mitigated. Adverse events provide a real time learning opportunity where frontline and management staff have identified areas requiring improvement to prevent reoccurrence. Although the outcome of some investigations is staff discipline through operations, in the majority of cases staff development to support their understanding of expectations, is the prevailing outcome.

## Just Culture

The Just Culture philosophy supports an environment where everyone feels safe, encouraged, and supported to discuss quality and safety events with organizational learning as the driver. Reporting is conducted within a psychologically safe environment where there is demonstrated respect and support for the individual, and the potential for human and systems fallibility is acknowledged. Everyone can trust that those within the organization will demonstrate, through

their behaviours and decisions, a fair and consistent approach to responding to issues raised. The key components of a Just Culture System are:

- Justice (fairness to the workforce) and safety;
- Reduction of at-risk behaviors;
- Design of safe systems: and,
- Establishment of a reporting and learning environment.

When an adverse event occurs, an investigator needs to consider not only the employee involved, but also at the system design to ensure that they system supports quality and safety. A dysfunctional system promotes risk and puts the residents and staff in situations where practice and safety are challenging to meet. Refer to **Appendix E – Collaborative Culture of Safety – Systems Response and Behaviour Guide** for the decision making process when applying the Just Culture philosophy.

## Education and Staff Development

Education and staff development are essential in a quality and safety culture and starts with recruitment/orientation and continues throughout the staff tenure. In order for staff to be successful in their role they need to; fully understand their role in quality and safety, know how and when to use the necessary resources, tools or equipment, and who and how to reach out for support when they are unsure or have identified a concern. All staff play a role in quality and safety from frontline staff through to senior management.

### Orientation

#### Day 1 Orientation

New recruits for LTCSS all attend day 1 orientation that includes orientation to the corporation as well as to the expectations of the Ministry of Long-Term Care and Ministry of Labour workplace safety expectations. Education is presented in class and online through the corporate learning management system (LMS). Recruits are taught how to access the LMS and their emails in person so that they may complete further mandatory education modules, which are also a part of their orientation process.

#### Day 2 Orientation

All new recruits must also complete a day 2 orientation, which provides them orientation to their specific home environment as well as job specific orientation. The recruit is given a tour of the facility and fire safety education as a part of this orientation. Later in the day different job roles split off into their respective areas for more specific orientation.



## **In-Field Orientation Shifts**

All new recruits complete at minimum one further orientation shift within their department prior to being assigned shifts. The number of additional shifts varies depending upon job role with direct care roles being assigned four additional shifts. For PSW staff, some of these orientation shifts are assigned with coaches for further orientation and workplace integration support.

## **Orientation Completion and Comprehension**

The entire orientation process is guided by an orientation checklist, both corporate and job specific, to ensure that all mandatory items are covered appropriately before the recruit is assigned shifts. In order to ensure that the new recruit has received all education, the recruit meets with their Supervisor or Manager to review their completed orientation checklists. The Manager then clears the recruit for independent shifts or determines if there were gaps in their orientation that need to be addressed.

## **Coaching**

The coach program is in place for PSW staff. This program partners a trained PSW coach with a new PSW recruit for their first in home orientation shift and their fourth in home orientation shift. This partnership allows the recruit to have a mentorship type of support to help guide them through the daily expectations and tasks of their new position. The coaches review important procedures and ensure that the recruit integrates smoothly into their new role. Coaches also identify gaps in knowledge and provide important feedback regarding the new recruit's grasp of materials presented during orientation. Coaches are scheduled above regular staff counts in order to have their time dedicated to assisting and supporting the new recruit. This program is a part of the larger recruitment and retention plan in LTCSS and is scheduled to expand to support RPN and RN recruits as well.

## **Annual Education**

Annual education content is developed from the Ministry of Long-Term Care annual education requirements, as well as from finding from quality improvement initiatives, investigation findings, risk management recommendations, departmental and education committees, needs assessments and through frontline staff suggestion via home leadership or the PQD departmental staff. Content is vetted through the leadership of all homes, the education and nursing steering committees and through professional standards, prior to development by the education branch of performance quality and development. The education consists of two hours of online education for all job roles and an additional two hours of in person / virtual education for all direct care roles.

## Remediation

Remediation education occurs as a result of investigative findings from the homes and professional standards. When a situation arises where remediation is recommended as a part of investigative findings, or where risk management activities indicate it may be required, then professional standards works with the education branch to develop a remediation plan, which includes content development, and a delivery plan appropriate for the given situation. Education is developed by the education branch in conjunction with professional standards and any required subject matter experts and the remediation is delivered by an appropriate educator. The remediation delivery is tracked by education.

## Return to Work

When LTCSS staff return to work after an extended leave, scheduling is to notify the education branch so that the staff member may be enrolled in the online LTCSS Infection Prevention and Control (IPAC) online module, reminded about annual education completion and to schedule delivery of other require education that they may have missed during their absence, for example, compliance education, policy changes, etc.. The education branch will email the staff member or meet them at the beginning of their first shift depending upon their start time, to notify them of the requirement to review the content, or to complete it with them in person. The IPAC module must be completed either prior to attending work or upon first arrival at work so that the staff member has reviewed the most up to date IPAC information in place at the home at the time of their return. Other education will be delivered either in real time or scheduled as soon as possible given educator and staffing availability.

## Staff Development

The education branch works in partnership with the Human Resources department to provide developmental opportunities for staff within LTCSS including opportunities for leadership development through programs such as Aspire and LEAN Training and to develop staff mental health awareness and resiliency through programs such as the working mind. In addition, the education branch of Performance, Quality & Development provides further staff development to the frontline staff by offering education that will assist with their management of clients and will improve their daily practice. The courses include things like gentle persuasive approach, Infection prevention and control and Cardiopulmonary resuscitation.

# Sustainability

## Creating A Culture of Involvement

Covid19 has added additional layers of complexity to active and meaningful involvement of frontline staff when we are looking to make & more importantly sustain improvements. Frontline communication with staff needs to be purposeful and we cannot shy away from seeking out the most discouraged staff as well as the most encouraged staff to solicit ideas for change and receptivity to the changes underway.

When engaging staff, attendance is recorded simply so that we have an understanding of the amount of involvement to help to gauge the readiness for change of the workforce. While we are very conscious of the feeling of staff being overwhelmed with work duties, we will continue to offer them the opportunity to voice concerns. In striving to continuously improve our services and provide the highest level of care to our residents, we offer a feedback form for staff to share compliments, suggestions, or concerns. See **Appendix F** - LTCare Form – August 2021.

Leadership rounding is also in development knowing that it has been shown to; improve resident outcomes, increase staff and resident morale and increase employee retention. Initial focus is on the department leader rounding to find out what is working well and address concerns from staff about tools, processes & systems. A draft Department Manager rounding log in **Appendix G** -LTCSS Department Manager Rounding Log - August 2021, and will be tested for usability.

SOAR (Safe Operations Acknowledgment and Recognition) is a recognition-based program created to increase staff Infection, Prevention & Control (IPAC) awareness and consistency in best practice through audits at the County of Simcoe's four long-term care homes and senior's services. This program foundation is the regular conducting of IPAC audits, teaching-in-the-moment, and acknowledgment and recognition of practice well done.

The priorities of this program are to:

1. Provide a supportive, learning environment that fosters continuous improvement
2. Eliminate negative stereotyping in the auditing process
3. Provide staff recognition for compliance during auditing
4. Improve the level of consistency in IPAC delivery

## Recruitment and Retention

LTCSS has a corporate recruitment and retention project underway to assist in increasing and retaining frontline LTCSS employees. The plan addresses retention, recruitment, technology, government advocacy, communications, and marketing to address provincial funding and

staffing shortages and considers current and future staffing needs. This plan will be vital to the sustainability of LTCSS staffing and the ability to continue to offer high quality resident care.

## **Mental Health**

Mental Health support for staff is vital to the sustainability of staffing and the ongoing delivery of high quality of care for residents. Human Resources is offering the LTCSS staff mental health education through the Mental Health Commission of Canada's - The Working Mind course. This course helps staff to; recognize and cope with stressors, reduce the stigma of talking about mental health and help staff to access supports and resources if and when they require support.

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## **Resources**

Health Quality Council of Alberta, Quality and Safety Framework July 2017  
HQO Quality Improvement Framework 2013  
NSM LHIN HCC Event Management Framework, July 2019  
Sustainability Guide NHS Institute for Innovation and Improvement  
BC Health Quality Matrix  
Manitoba Quality and Learning Framework 2019  
County of Simcoe 2025 Vision – 2015 10-Year Corporate Strategic Plan  
Accreditation Canada - Frameworks and Plans