

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

April 2, 2025



## OVERVIEW

Pioneer Manor is a 433 bed municipal Home owned and operated by the City of Greater Sudbury.

The Home's Vision is to be recognized as a leading provider of long-term care services in the province of Ontario. Its Mission is to provide long-term care incorporating high standards of leadership, innovative approaches, research and development in collaboration with our community partners. Working as a team, residents, staff, essential caregivers, families, volunteers and students offer residents dignity, respect, and care that promotes their comfort and quality of life.

Core Values include, first, the residents. We also value the staff, residents' families and friends, community partners, service providers and local educational organizations. We value the Residents' and Family Councils, the development and implementation of best practices and quality improvement for excellence in resident care, the use of technology to improve and enhance care, the residents' rights as defined in the Fixing Long-Term Care Act (2021), and finally diversity, equity, and inclusion for all residents, staff, volunteers and we value their unique contributions to life here.

The Home first established a Quality Council in 2016 to position quality at the forefront. It was re-energized in 2022 after a brief pause relating to the COVID pandemic and we are now proud to say we have representation from both Residents' and Family Councils. The Quality Council's role is to oversee broad quality initiatives, as well as, the work of various other committees charged with managing the quality of care and services in the Home including Resident Safety, Pain & Palliative Care, Skin & Wound Care, Infection Prevention & Control, and Restraint Minimization/Falls Management.

The Home also administers an annual survey to residents and families to formally assess their overall satisfaction with our services, care delivery and overall customer service.

We have also produced and administered a short staff survey the past two years to measure staff engagement and satisfaction.

## **ACCESS AND FLOW**

Last year, we added a Nurse Practitioner (NP) to our team. We are currently recruiting a second NP. With the NP and at least one physician on site 5 days/week, we are able to provide timely assessment and intervention to manage residents' health conditions, often without the requirement to transfer out to hospital.

When more sophisticated assessment is required, as in assessment for a fracture after a fall, we continue to work successfully with Health Sciences North's Emergency Department Outreach Service (EDOS) to arrange for transfer to hospital, bypassing the usual ER department wait, to receive the needed attention in a timely manner.

We have also begun utilizing Non-Ambulance Non-Urgent Stretcher Transport available through the City of Greater Sudbury to facilitate resident access to scheduled medical appointments that cannot otherwise be completed via accessible public transit.

The Manor has recently reinstated on-site dental hygiene services, in addition to on-site optometry which has been in place for some time.

The success of our Home depends on collaboration with services such as these, as well as, Behaviour Supports Ontario, Health Force Ontario, Sudbury & District Health Unit, and all our contracted service providers.

## **EQUITY AND INDIGENOUS HEALTH**

Diversity, Inclusion, and Equity (DEI) education was initiated for staff in 2023. By 2024, all staff had received training. We are now offering it as part of the onboarding education to ensure new staff are familiarized with these concepts.

Our DEI Committee is also now in place.

Additionally, our Nutrition Services department has begun recognizing various holidays or special days by providing culturally appropriate foods e.g. for events such as Chinese New Year, Dwali, National Day of Truth & Recognition.

Moving forward, training of staff in 2025 will begin in relation to Building a Collaborative and Resilient Workplace. This includes appreciating the benefits of diversity in relation to creativity and innovation, problem solving, improved decision-making, and expanded market outreach. The plan is to train a total of 45 staff by year end and continue to run the program annually to increase those numbers.

We have also trained 15 Rainbow Champions and wish to train at least another 15 in 2025.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

Annual Resident/Family Satisfaction Surveys help guide our efforts moving forward. We continue to work on improving the care conference experience for our residents and their families.

Participation at Residents' Council and Resident Food Committee remains noteworthy.

A new wander alert system was installed which provides for improved safety of residents, while still allowing freedom of movement within the Home, for those who require additional supervision.

A new reflection space was also created and opened to allow for quiet time, prayer, or celebration by residents and families.

On an exciting note, 4 existing Home Areas are currently being redeveloped to meet current standards and specifications. A new tower is slated to open and be occupied in 2026.

## PROVIDER EXPERIENCE

Recruitment and retention of staff has steadily improved and remains a priority issue. Our most recent staff survey indicated a 13% improvement over last year in our communication and information sharing. Work on staff satisfaction continues.

Training of staff remains a priority. We introduced a new Nurse Educator position to assist staff in receiving the information and training they request and require to do their jobs successfully.

We also converted our Medication Administration system to one that integrates with the clinical software currently used for care planning, assessment, documentation, etc. This integration assists members of the care team to see the resident's progress in a more complete way through one entry point.

An exit survey was also initiated in late 2024 to receive anonymous feedback from staff who decide to leave the organization. We look forward to receiving the feedback to better address staff engagement and job satisfaction.

With our new training to be rolled out, the objectives are to enhance communication, foster respect, enhance collaboration, and boost leadership engagement. This includes recognizing barriers to communication such as power imbalances, cultural differences, and generational differences. How individuals communicate and prefer to receive information varies based on historical events and social norms that have influenced their values, work ethics, and styles e.g. Baby Boomers prefer efficiency in whatever form it takes, whereas, Gen Zs prefer social media, texts, and other electronic means of information sharing.

## SAFETY

Resident and staff safety are always paramount.

Education of staff in Gentle Persuasive Approaches continues, as does training on lifts and transfers. We now have 38 staff lift champions representing various departments and shifts so that just-in-time education can occur as required. We also now have 15 Infection Control staff champions representing RNs, RPNs, PSWs, Life Enrichment, and Housekeeping staff.

Additionally, new infection control PPE were purchased that are more comfortable for staff to wear and provide superior protection over previous equipment.

Recently, we began converting our fall alarms to wireless sensors to prevent staff and resident trip/fall injuries.

## PALLIATIVE CARE

CADD infusion pumps were introduced last year to enhance the management of pain and symptoms for our residents at end of life.

We are also continuing to educate our staff on palliation and end-of-life care e.g. 9 Registered nursing staff have received LEAP training, 7 RNs PCDM, and 24 PSW PACE.

We currently have 11 palliative care champions in the building including NP, RNs, RPNs, and PSWs.

## POPULATION HEALTH MANAGEMENT

Our team, through BSO members and our Social Worker, helps connect residents with external resources to assist them to live the best lives possible.

Where eligible, residents are connected with Developmental Services Ontario, for example, to provide for accompaniment on outings or funding to purchase items such as personal computers. We have also connected with the Canadian Institute for the Blind and Canadian Mental Health Association to speak with residents or provide education to staff to better meet the residents' needs.

## CONTACT INFORMATION/DESIGNATED LEAD

Maria Casas

Resident Care Coordinator

Quality Council Lead

## 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 31, 2025**

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**Aaron Archibald**, Board Chair / Licensee or delegate

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**Aaron Archibald**, Administrator /Executive Director

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**Maria Casas**, Quality Committee Chair or delegate

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Other leadership as appropriate

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