

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 25, 2024



OVERVIEW

Grove Park Home is committed to providing excellence in care and leadership through Continuous Quality Improvement (CQI). Our Quality Improvement Plan (QIP) is an integral part of our strategic plan.

In 2024, Grove Park Home (GPH) will be concentrating on a number of quality improvement initiatives. These initiatives will include work to sustain previous quality improvement work that was put in place through our BPSO program and our quality work sustaining and improving our publicly reported clinical indicators. New for 2024 will be a focus on limiting unnecessary ED visits through restructuring levels of care, including interdisciplinary teams, residents and SDMs.

Resident centred care, has been and, will continue to be a priority. We will continue to build on our previous work to focus on resident rights. This has included re-education for staff related to the new Fixing Long-Term Care Act while improving our complaints reporting and follow-up procedures.

ACCESS AND FLOW

At GPH our Medical Director/In house physician is Dr. Bruce Mc Turk. We are fortunate to have access to the Medical Director via phone after hours. Dr. McTurk also is part of a LTC on-call group which provides coverage on the weekends when he is not on-call. GPH has purchased a cell phone for the RN group so they can text Dr. McTurk if he does receive a phone call from the RN group, related to his location. We recognized this as a barrier of communication which could result in a transfer to the ED unnecessarily. This change has been assistive with enhancing the

communication between the staff and the clinician. At GPH we also have a Nurse Practitioner-Jennifer Riddell. She is available 4 days a week and completes rounds with Dr. McTurk weekly. Dr. McTurk and Jennifer are also now sharing office space to improve the opportunity to collaborate and to improve the timeline for critical issues to be resolved in a timely fashion. When residents or their families become anxious and request a transfer to hospital which could be prevented both Dr. McTurk and Jennifer are comfortable with speaking with the residents/families and sharing what can be provided in-house to present a transfer to the Emergency Department (ED).

Jennifer also participates in a program to assist with reducing admissions to our local hospital-Royal Victoria Hospital. If a resident requires an x-ray or ultrasound the NP or RN is able to arrange for it rather than send a resident to RVH. At GPH we have numerous care provider services to assist with minimizing transfers to the ED.

OTN-Dr. Daniel

Geriatric Mental Health Team

Silver Fox Pharmacy-emergency box medications available

Life Labs-24 hour service

STL Imaging

North Simcoe Muskoka Hospice Palliative Care Network-Sue Martin & Kathlene Bartlett

GPH has invested in it's staff and have now introduced PSW Support Leads. This small team has received additional education to assist with recognizing the needs of residents who are more at risk for demonstrating personal expressions. This is another avenue GPH has chosen to assist with the reduction of transfers to the ED. By recognizing the cues of escalation and then mentoring the staff to also recognize those cues, this approach has been beneficial to the

Nursing Team as well as our residents.

GPH is a non-for-profit home and we often receive donations from our families and the community. We make every effort to include the direct care providers to be included in the process of allocating our donations. We look into what the current needs of the home are and if there is any equipment which can be purchased to reduce the need to transfer a resident to hospital. Grove Park Home has a bladder scanner, ECG and doppler machine to be able to reduce transfers to the ED.

EQUITY AND INDIGENOUS HEALTH

Admission package inquiring about what is important to the resident related to their culture and spiritual needs. Inviting families/residents to share with us how to include their culture in the daily living of individuals from their

Celebrate non-traditional holidays (e.g. Diwali, Ramadan, etc.)

International student workforce

Development of a Diversity Team

Diversity library

Celebrating holidays and special events with food and experiences

PATIENT/CLIENT/RESIDENT EXPERIENCE

Grove Park Home continues to be in good standing with many different outside agencies and uses many resources in day-to-day functioning. Presently, Grove Park is working with Health Quality Ontario (HQP), NSM Home & Community Care Support Services (HCCSS), Registered Nurses Association of Ontario (RNAO), CARF Accreditation, Advantage Ontario, Ontario Renal Network (ORN), Canadian Institute for Health Information (CIHI), Ontario

Telemedicine Network (OTN), Simcoe Muskoka District Health Unit (SMDHU), Ontario Health Central Region, and Royal Victoria Regional Health Centre (RVH), this assists us with ensuring safe and effective transitions of care for residents.

Some resources we work with to find the right balance of staff, resident, and family support. Education is required to safely care for this vulnerable population, some of these clinical supports; our Medical Director (MD), who is on site, Dr. Bruce McTurk is very committed to geriatric care, a Nurse Practitioner (NP). Jennifer Ridell also works on site and available at all times for complex medical advice, NSM Specialize Geriatric Services Team (NSMSGs), Geriatric Psychiatry Outreach Team (GPOT), and This is the organization's/OHT's target for process measure (goal). Grove Park Home continues to have collaborative partnerships with education resources such as Georgian College, Barrie Learning Centre, and many local high schools in the area, accommodating field/learning placements.

We strive to offer mandatory Gentle Persuasions Approach (GPA) education sessions to all staff for a number of years. We have trained staff in all disciplines including housekeeping/laundry, dietary, programs, nursing, maintenance, administrative and managers, and refreshment courses are regularly offered. We have also sent some of our workforce to the Positive Approach to Care education sessions, as well as participated in the Initiative for Long-Term Care Palliative education program. Grove Park Home is dedicated to our resident's well-being and overall satisfaction. Through our Residents' Council and Family Council; residents and families have the opportunity to express concerns and voice opinions without fear of consequences. The results of our annual

resident and family surveys provide us with an understanding of how residents and their families perceive Grove Park Home and the delivery of services. The results of these surveys enable us to continue on our mission to continuously provide excellent care in a secure environment. It is a continuous goal to have families, residents, staff and long-term care committee members be involved in Quality Improvement and strive for increased cooperation in our areas of focus.

At GPH we recognize the admission into Long Term Care (LTC) is often the first time someone has left their home and family. This causes extreme distress to the person being admitted to LTC and to their families. We have reviewed and revised our admission package to include definitions of what a "Palliative Approach to Care" and "End of Life" means at GPH. We believe that every resident who resides at GPH arrives as a palliative person therefore the planning should start upon arrival, including providing a list of local funeral homes for end of life planning. The goal for this year is to provide a Palliative Care information package to include care planning for end-of-life as part of the admission package.

Dr. McTurk now attends the Admission Care Conference to introduce himself to the family and obtain a health history. He also takes the opportunity to discuss what the current medical diagnosis may mean related to life expectancy. Grove Park Home has made this change in relation to some of the residents and their families sharing they did not know who the medical director was when they were not able to enter the facility through the COVID pandemic. Grove Park Home believes it is essential to provide on ongoing dialogue between the health care providers and the resident and their family.

We often receive letters from family members who share what their loved ones have shared with them or how they feel about their loved one living at GPH. We recognize that an admission into LTC is very stressful on the resident and their family. We make every effort to share information with our new families so they are aware of what to expect. We have updated our admission package information and encourage our families to review the information and reach out with any questions or concerns they may have. For our new residents the PSW Support Lead Team is assisting with the transition into long term care. For those who are identified as having personal expressions prior to admission we are informed by our admission liaison and provided additional time with them, as well as starting a PIECES profile and behavioural care plan.

PROVIDER EXPERIENCE

One of our initiatives for 2024 is sustainability and recruitment of staff. During the pandemic GPH required the assistance of agency staff to ensure a safe complement of staff. GPH continues to utilize agency staff to maintain a full complement of staff. Although agency staff is required, GPH makes every attempt to to have reoccurring staff within the home. Our staff shared that one of the most challenging aspects of requiring additional assistance from agency staff was the need for orientation. Our scheduling staff make every attempt to have the same staff back to GPH once they have been orientated. GPH has also paid "contract fees" for agency staff to become employed by GPH if the staff has requested it.

Post-pandemic, it has been difficult to recruit and retain qualified staff. Grove Park Home has developed relationships with a number of third-party agencies to maintain adequate staffing levels. We

continue to provide staff the opportunity to address burnout through flexible scheduling, float and emergency leave days and preplanned vacation schedules.

A number of mental health and therapy/counselling resources have been made available to staff through our benefit provider and government programs provided to health care workers. Grove Park Home has an in-house Chaplain Claude Cox that is available to provide frontline staff with on-to-job spiritual counselling during difficult periods such as resident deaths and sentinel events.

Some of the incentives GPH has provided is incentives for picking up shifts, new benefit package and competitive wages. Another aspect of work/home life balance is flexibility in work hours when possible.

At GPH we celebrate our staffs advancements in designations. Several of our staff have taken additional education to change their designation or their experience prior to coming to Canada has been recognized and there is room for advancement. GPH makes every effort to provide opportunity for advancement and further education when possible. GPH Home has an educational fund which staff may utilize each year and allows staff to make purchases and have the cost deducted from their pay checks for educational purposes. ie. computer, tuition fees

To assist with recognizing the additional work load and stress the pandemic caused our staff we have provided frontline wellness education sessions. These sessions were provided by Specialized Geriatric Services (SGS)-Waypoint staff. The topics were self care and managing emotions.

A safe environment without the leadership team present was provided so staff could share their experiences and feelings amongst each other. This turned out to be a team building exercise as well. The learning modules assisted staff to recognize what they were feeling and coping strategies to prevent "burn out".

Another resource available for staff within GPH is Alexandra Lang-GPH Social Worker. Alexandra supports the staff on the home areas and also offers to assist staff who recognize they may benefit from a social worker. Alexandra is able to provide consistent support. GPH also has a Employee Assistance Program which staff can utilize if they wish to. Some of the supports available are: mental health, physical health, absence management, consulting services, training and benefits administration.

SAFETY

Grove Park Home culture includes operating a safe and secure environment for all residents, visitors and staff. Never has been more important than in the pandemic to maintain a high-degree of safety to protect our stakeholders. With changing directives and guidance, we have ensured good communication and the ability to pivot quickly.

Utilizing tools such as security cameras, wander guards, nurse call systems, life safety systems and door control systems, we are able to keep our residents safe and comfortable each and every day. The Professional Advisory Committee (PAC) meets quarterly to review indicators that will maintain resident safety, by addressing medication distribution and errors, ethical issues, and family and resident complaints.

The Geriatric Mental Health Team (GMH) works directly with GPH staff to recognizing those individuals who are high risk to themselves & others. They assist staff to identify triggers and how to reduce the responsive resident from becoming heightened. The GMH Team is "in-house" 2-3 times weekly and provides hands on care with GPH staff. The GMH Team also ensures the families are up to date with the current interventions and successful approaches to care.

A newly created role; the Director of Resident and Family Services reviews each resident who is looking for an admission into GPH on an individualized basis to ensure this person is appropriate for the admission to a specific home area. Often we may consider an in-house transfer to ensure placement of new residents is manageable and not placing those residents currently living on the home area at risk.

POPULATION HEALTH APPROACH

The age of the population of our residents at GPH vary from 47 to 103 years young. With such a variance of needs within our home we are reaching out to resources in our community more frequently.

We are recognizing the needs of our population and making changes to ensure we are providing what our residents recognize as quality of life to them. Some of these resources include:

Brain Injury Team

Quadriplegic Society

Alzheimer's Society

GPH Social Worker assisting with the transition of younger adults into LTC & arranging for appointments

Programs in the community which our residents may attend to stay

connected to the community
Geriatric Mental Health Team (GMH) providing education to staff
related to the individuals they are providing care to
Partnership with Hospice Simcoe.

Providing automated doors which open to the outdoor courtyard to
allow our physically disabled residents outdoors without staff
accompaniment

Providing residents who smoke outdoors a handheld door opener
to allow independent entry/exit to the home

BACTS Bus applications upon admission

Social Worker assists with the mental well-being of the residents
who reside at GPH. A referral can be completed by staff or upon the
request of the resident or their family.

Care Conferences so that our residents and their family members all
receive the same information and can reinforce the needs of the
individual. This enhances continuity of care.

CONTACT INFORMATION/DESIGNATED LEAD

Assistant Director of Care
Quality Improvement Lead
Charmaine Andreasen
candreasen@groveparkhome.on.ca

Director of Resident and Family Services
Kerry Guy
kguy@groveparkhome.on.ca

Director of Care
Danie Cox
dcox@groveparkhome.on.ca

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 25, 2024

Clark Hanna, Board Chair / Licensee or delegate

Paul Taylor, Administrator /Executive Director

Charmaine Andreasen, Quality Committee Chair or delegate

Travis Durham, Other leadership as appropriate

ACCESS AND FLOW

EFFICIENT

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.

Last Year's Performance (LY)

16.7

2023/24

15.7

Target

Current Year's Performance (CY)

22.4

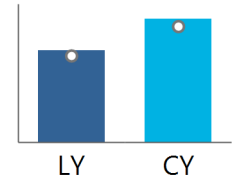
2024/25

21.0

Target

↓ Lower is better

○ Target



LY

CY

EQUITY

EQUITABLE

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education

Last Year's Performance (LY)

2023/24

Target

Current Year's Performance (CY)

CB

2024/25

CB

Target

○ Target



EXPERIENCE

PATIENT-CENTRED

Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"

Last Year's Performance (LY)

93.1

2023/24

94.0

Target

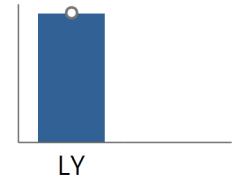
Current Year's Performance (CY)

2024/25

Target

↑ Higher is better

○ Target



PATIENT-CENTRED

Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".

Last Year's Performance (LY)

92.5

2023/24

96.0

Target

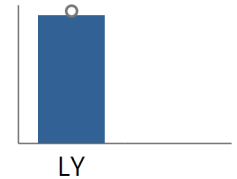
Current Year's Performance (CY)

2024/25

Target

↑ Higher is better

○ Target



SAFETY

SAFE

Percentage of LTC home residents who fell in the 30 days leading up to their assessment

Last Year's Performance (LY)

2023/24

Target

Current Year's Performance (CY)

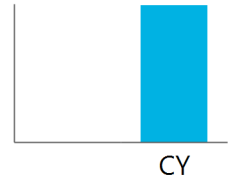
19.8

2024/25

Target

↓ Lower is better

○ Target



SAFE

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment

Last Year's Performance (LY)

28.9

2023/24

21.4

Target

Current Year's Performance (CY)

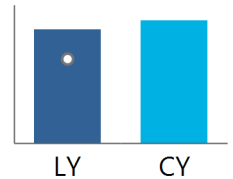
31.1

2024/25

Target

↓ Lower is better

○ Target



LY

CY

Access and Flow | Efficient | Priority Indicator

Indicator #4	Last Year		This Year	
	16.67	15.67	22.41	21
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Grove Park Home for Senior Citizens)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 ☐ Implemented ☒ Not Implemented

PoET (Prevention of Error-Based Transfers) initiative that works directly with LTC home s to support to residents, staff, physicians and substitute decision maker (SDM) align decision-making with Ontario's rules related to consent, capacity, and substitute decision making.

Process measure

- With each new admission the PoET initiative will be used and the the satisfaction of our families related to the decision making process will added to our Care Conference and Family Survey which are to be completed by our family annually to ensure our families feel their questions/concerns have been addressed and they are still comfortable with the decision they had made on admission.

Target for process measure

- Decrease the number of ED visits by 1%

Lessons Learned

Unfortunately upon further investigation the PoET initiative was not available in our region. Dr. McTurk and Nurse Practitioner-Jennifer Riddell are currently reviewing the GPH options for care and wish to make changes to the current number of choices and wording. On the Family Survey it indicated families rate care from the Medical Team at 90%. Dr. McTurk or Nurse Practitioner-Jenifer Riddell will be present with new admissions so they may meet the families and answer any questions they may have related to Options for care choices. The Care Conferences are facilitated by ADOC-Sara Pearson who reviews the choices with the families/NOK and utilizes the time as an opportunity to further discuss their options if she feels the choice may no longer be appropriate for the residents current health status.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Current Nurse Practitioner-Jennifer Riddell is participating in the soft launch of the "LTC Diagnosis Program". The formal start will take place on April 24/23. The program is to improve wait times and reduce transfers to ED for x-rays. LTC is working together with local partners to improve care coordination of non-urgent x-rays. The Royal Victoria Hospital provides a Registered Practical Nurse to remain with the resident throughout the process. Transportation is provided by the County of Simcoe Paramedics.

Process measure

- The data collection which N/P compiles is submitted to Royal Victoria Hospital to be assessed for appropriateness and effectiveness of continuity of care provided to our residents at GPH.

Target for process measure

- 100% of all x-rays order by GPH prescribers-Dr. Bruce McTurk and Nurse Practitioner-Jennifer Riddell will be documented to clarify if the x-ray was completed in a timely manner and where the x-ray took place. ie. Grove Park Home/STL mobile Imaging/Royal Victoria Hospital.

Lessons Learned

During COVID STL Imaging was not able to keep up with the referrals for x-ray & ultrasound. GPH participated in a 1 year pilot project called the "Practitioner Engagement Program" to better met the needs of the residents residing at Grove Park Home. The project worked well until STL Imaging was able to met the needs of the community. Throughout the term of utilizing the program the RN Group was also involved in completing the referral process for requesting assistance. This promoted the ability to provide continuity even if the Nurse Practitioner was not present. The Nurse Practitioner-Jennifer Riddell also attends monthly meetings to review the progress of the program and assess barriers other LTC Homes may be experiencing.

Recently the Practitioner Engagement Program has not been utilized related to the needs of the home being met by STL Imaging again.

Experience | Patient-centred | **Priority Indicator**

	Last Year		This Year	
Indicator #3				
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Grove Park Home for Senior Citizens)	92.50	96	92.59	NA
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

To continue to further educate residents, staff and family of the Residents Bill of Rights and what they mean.

Process measure

- Strive to increase the amount of Resident Surveys completed annually.

Target for process measure

- Our goal continues to be increase our positive survey results. Specifically for "Expressing my Opinion without Fear of Consequences", we will strive to increase by 3.78%.

Lessons Learned

The Resident Rights are reviewed each Residents' Council meeting. The Residents are given an opportunity to review 2 rights per meeting and ask questions if they feel the need. The Director and Assistant Directors of Care for Nursing shared a "Resident Right" during Unit Huddles.

On Surge Learning there is module related to Resident Rights which showcase Grove Park Home and staff/families/residents. This year there was 62 residents who participated in the Resident Survey for 2022/2023.

Indicator #2	Last Year		This Year	
	Performance	Target	Performance	Target
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Grove Park Home for Senior Citizens)	93.10 (2023/24)	94 (2023/24)	93.10 (2024/25)	NA (2024/25)

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Continue to encourage and expand our Residents' Council attendance and population.

Process measure

- Increased number of active attendees at monthly meetings.

Target for process measure

- Increase active participation by 2%.

Lessons Learned

The amount of Residents attending our Council varies. We have had to move the location of our meetings, to give ample space. We continue to recruit and spread awareness to the Residents and encourage all to join.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

To create awareness with New Admissions into the Home.

Process measure

- Number of new admissions that Grove Park Home has.

Target for process measure

- 100% of new admissions will receive information on the Resident Bill of Rights.

Lessons Learned

The Resident's Bill of Rights is included in our Welcome Package for new admissions to the home and is explained during the process.

Safety | Safe | **Priority Indicator**

	Last Year		This Year	
Indicator #1				
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Grove Park Home for Senior Citizens)	28.88	21.40	31.10	NA
	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

We will continue to collaborate with our MD & NP to access new admission entering Grove Park Home with a current antipsychotic order.

Process measure

- Any new admission receiving antipsychotics without support of diagnosis.

Target for process measure

- 100% of residents will be assessed related to their antipsychotic use with in the first quarter of their admission.

Lessons Learned

Our numbers have increased related to the number of admission we have experienced in 2023. Our admissions increased by 6% from the previous year. Our LTC Home has not been full since 2023. Our target increased related to the amount of admissions.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented****Resident Responsive Behaviour Rounding****Process measure**

- The number of responsive behaviour meetings held per year

Target for process measure

- Biweekly meetings

Lessons Learned

The behavioral lead/ADOC continues to have bi-weekly meetings with our off-site resource-The Geriatric Mental Health Team (GMH). The GMH Team meets with the Units & receives recommendations by staff related to who the staff identify as an individual who may require additional support related to personal expressions And risk to self or others. In turn this has lead to a review of the residents current medical diagnoses, medications and health history. A summary is then provided for Dr. McTurk/Nurse Practitioner-Jennifer Riddell for there review. The communication has improved and the process through a multidisciplinary approach. GPH continues to include Dr. Daniel via OTN appointments for additional recommendations as required.

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.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	22.41	21.00	Our goal is to reduce avoidable ED visits by improving early recognition, assessment and management.	

Change Ideas

Change Idea #1 Urinary Tract Infection (UTI) Education Initiative

Methods	Process measures	Target for process measure	Comments
Education Day on June 12 2024. Sara Pearson-IPC Nurse/ADOC will provide education on the signs of UTI's and discuss the misuse of antibiotic treatment for UTIs.	Number of residents sent to ED due to UTI	Reduce the number of ED visits related to UTI's by 1%	

Change Idea #2 Recognizing the contributing factors leading to Emergency Department Visits (ED)

Methods	Process measures	Target for process measure	Comments
Charmaine Andreasen-ADOC will participate in the Education Day on June 12 2024 and provide a quick "at a glance" sheet which will highlight contributing factors for ED visits, including dehydration and pneumonia.	Number of residents sent to the ED with contributing factors	Reduce the number of ED visits with contributing factors by 1%	Contributing Factors: *GPH recognizes the transition into a new setting & staff which residents are not familiar with makes them vulnerable *Advanced age with cognitive impairment/Dementia *Insufficient communication between care providers *Ambulances for transportation is an additional cost for families *There is often a delay in the discharge back to LTC facilities *Falls are a contributing factor. Often residents are transferred to the ED

Change Idea #3 Focus on Preventative Care & basic treatment which is available at GPH

Methods	Process measures	Target for process measure	Comments
The Nurse Practitioner, Jennifer Riddell- will segment all ED visits into 2 subcategories: visits for potentially preventable conditions (pneumonia/UTIs) 2) visits considered less urgent where the resident was not admitted to a hospital bed- Falls/treatment related to falls	The number of ED visits each month will be reviewed. All ED visits will be recorded and broken into subcategories. Health teaching will be given by N/P quarterly to each Unit regarding any ED visits & a review of any preventative measures which could have been taken & to identify the areas staff excelled in	To reduce the number of ED visits in 2024 by 1%	

Change Idea #4 Re-education of Falls Prevention

Methods	Process measures	Target for process measure	Comments
Staff will be re-educated on falls prevention program to reduce the risk of falls with injury requiring a transfer to hospital	Number of residents sent to the ED due to fall with injury	Reduce the number of transfers due to falls with an injury by 1%	Continual monitoring of the change idea

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	CB	GPH will ensure all staff receive education on equity, diversity, inclusion and anti-racism.	

Change Ideas

Change Idea #1 Expand current processes and policies related to equality in our provision of care & service

Methods	Process measures	Target for process measure	Comments
Collect data related to diverse social needs, cultural diversity and associated care and service preferences	Review current policies and procedures and expand. Provide further education on equality and diversity for staff and residents	Review of policies/procedures and educational training will be completed by December 2024. 50% of all staff will have completed required education related to diversity and culture	

Change Idea #2 To provide educational opportunities for all staff to learn more about equality, culture and inclusion

Methods	Process measures	Target for process measure	Comments
All Grove Park Home (GPH) staff to be provided with the opportunity to completed learning modules provided by Surge Learning: Diversity, Equity, & Inclusive in the workplace-8 mins in length, Blind Spots: Challenge Assumptions-Surge-2:19 mins, Cultural Competence-Part 1-4-40 mins in total, LTC Cultural Competence in Healthcare 2023-9 mins.	All Directors will review the progress of their departments quarterly for accuracy of completion of mandatory learning modules on Surge Learning.	50% of staff will have completed the above learning modules at the assigned time, as per monthly Surge Learning schedule	

Change Idea #3 To have a Diversity & Cultural Competency Team within Grove Park Home who meets quarterly to review potential beneficial changes to make within the home to highlight the needs of residents at GPH and staff who work at GPH. The Programs Department will align with the Diversity Team and incorporate cultural holidays/special vents in the monthly even calendar. We will also post on social media, on the outdoor sign and Grove Park Home television channel.

Methods	Process measures	Target for process measure	Comments
Number of 2023 new hires. The number of staff completing the Diversity/Cultural/Inclusiveness training and the number of priorities identified by the Diversity & Cultural Competency Team.	The staff survey will be provided and will include the question of if staff feel competent and aware of the cultural & diversity needs within GPH. The residents will be educated in the cultural holidays/special events to align with the events staff are celebrating.	50% of staff will feel agree with the education provided and the opportunity to be a member of the Diversity & Cultural Competency Team they feel competent and aware of the cultural & diversity needs within GPH.	

Change Idea #4 All Directors to participate in additional education relevant to equity, diversity, inclusion and anti-racism

Methods	Process measures	Target for process measure	Comments
All Directors to participate in an educational opportunity-Creating a Culture of Inclusivity-Strategies for integrating diversity and inclusion into the culture of your home presented by AdvantAGE Ontario	To identify our own biases and to be aware of the cultural needs within each Department	100% of the Directors will have completed the educational opportunity-Creating a Culture of Inclusivity-Strategies for integrating diversity and inclusion into the culture of GPH	