

The Corporation of the County of Northumberland  
Community Health Committee  
Agenda

Tuesday, June 4, 2024, 9:00 a.m.

Council Chambers

555 Courthouse Road, Cobourg, ON K9A 5J6

Hybrid Meeting (In-Person and Virtual)

Zoom Information

Join Zoom Meeting

<https://us06web.zoom.us/j/81021890175?pwd=D3JeDG3U4VnJ3NJSUIZv6Rwr4pttc4.1>

Meeting ID: 810 2189 0175

Passcode: 507718

Phone: 1-855-703-8985 Canada Toll-free

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Pages

1. Notices

1.a Accessible Format

If you require this information in an alternate format, please contact the Accessibility Coordinator at [accessibility@northumberland.ca](mailto:accessibility@northumberland.ca) or 1-800-354-7050 ext. 2327.

1.b Meeting Format

This Committee meeting will be held using a hybrid meeting model. The public is invited to attend in-person in Council Chambers. Alternatively, the public may view the Committee meeting via live stream, join online, or join by phone using Zoom Conference technology. If you have any questions, please email [matherm@northumberland.ca](mailto:matherm@northumberland.ca).

- Attend in-person in Council Chambers, located at 555 Courthouse Road, Cobourg
- Watch a livestream by visiting [Northumberland.ca/Council](http://Northumberland.ca/Council)
- Join online using Zoom
- Join by phone using Zoom

2. Call to Order

**2.a Territorial Land Acknowledgement**

**3. Approval of the Agenda**

Recommended Motion:

"**That** the agenda for the June 4, 2024 Community Health Committee be approved."

**4. Disclosures of Interest**

**5. Delegations**

**6. Business Arising from Last Meeting**

**7. Communications**

**7.a Correspondence, Barb Phillips 'Long-Term Care Homes & Family-Led Death Care in Ontario'**

4 - 8

Recommended Motion:

"**That** the Community Health Committee receive the correspondence from Barb Phillips regarding 'Long-Term Care Homes and Family-Led Death Care in Ontario' for information; and

**Further That** the Committee recommend that County Council receive this correspondence for information."

**7.b Correspondence, Haliburton Kawartha Pine Ridge District Health Unit and Peterborough Public Health 'Merger Business Case Submission'**

9 - 10

Recommended Motion:

"**That** the Community Health Committee, having considered correspondence from Haliburton Kawartha Pine Ridge District Health Unit and Peterborough Public Health regarding 'Merger Business Case Submission', recommend that County Council invite Public Health representatives to a future Committee / Council meeting to make a delegation in order to share further information regarding the merger."

**8. Staff Reports**

**8.a Golden Plough Lodge - Quarter 1, 2024 Financial Analysis**  
Matthew Nitsch, Director Finance / Treasurer

11 - 11

Recommended Motion:

"**That** the Community Health Committee receive the Quarter 1, 2024 Financial Analysis for the Golden Plough Lodge for information; and

**Further That** the Committee recommend that County Council receive the Quarter 1, 2024 Financial Analysis for information."

**8.b Northumberland Paramedics - Quarter 1, 2024 Financial Analysis**

12 - 12

Matthew Nitsch, Director Finance / Treasurer

Recommended Motion:

"**That** the Community Health Committee receive the Quarter 1, 2024 Financial Analysis for the Northumberland Paramedics Department for information; and

**Further That** the Committee recommend that County Council receive the Quarter 1, 2024 Financial Analysis for information."

**8.c Report 2024-072 'Golden Plough Lodge Quality Improvement Plan'**

13 - 43

Catherine Galbraith, Director of Care

Recommended Motion:

"**That** the Community Health Committee receive Report 2024-072 'Golden Plough Lodge Quality Improvement Plan' for information; and

**Further That** the Committee recommend that County Council receive this report for information."

**9. Other Matters Considered by Committee**

**10. Media Questions**

**11. Closed Session**

N/A

**12. Motion to Rise and Results from Closed Session**

N/A

**13. Next Meeting - Monday, July 30, 2024 at 9:00 a.m.**

- Note: 4 week summer recess taking place from July 1, 2024 - July 26, 2024

**14. Adjournment**

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**From:** Barb Phillips <[REDACTED]>  
**Sent:** Sunday, April 14, 2024 1:25 PM  
**To:** Mather, Maddison <[matherm@northumberland.ca](mailto:matherm@northumberland.ca)>  
**Subject:** Long-Term Care Homes & Family-Led Death Care in Ontario

You don't often get email from [REDACTED] [Learn why this is important](#)

**CAUTION:** External E-Mail

April 14, 2024

County Council Committee

The Corporation of the County of Northumberland  
555 Courthouse Road  
Cobourg, On.  
K9A-5J6

**Re: Long-Term Care Homes & Family-Led Death Care in Ontario, specifically -  
Policy on Family Choice to Remove Body of Deceased Loved One from The Golden Plough**

Dear County Council Committee,

We are writing regarding The Corporation of the County of Northumberland's current policy on families' legal choice to personally remove their deceased loved one from your Care Home following death.

While many Care Homes may never have had a family member directly claim and remove the body of their loved one following death, nowadays more families are choosing to bring their deceased loved ones home, to provide Family-Led Death Care at their own home, without the aid of a funeral establishment.

\* Our recent outreach has revealed that many Long-Term Care Homes in Ontario are not aware of or prepared for, and in some cases not supportive of or compliant with, this legal choice.

Through the information below we aim to quickly share both the law and best resources on this matter to

accurately guide The Corporation of the County of Northumberland's understanding, policy and compliance going forward.

### **Family-Led Death Care**

In Ontario, next of kin can legally provide care for a deceased loved one without the involvement of a licensed funeral establishment or transport service, prior to burial or cremation.

The foundation of this, written as an Exemption from Licenses, exists within the Funeral, Burial and Cremation Services Act, 2002 ( FBCSA), O. Reg 30/11, Section 7(2) --

<https://www.ontario.ca/laws/regulation/110030#BK11>

The outcome of Section 7(2) has been defined by the **Bereavement Authority of Ontario (BAO)**, Ontario's regulating authority for the death care sector, as **Family-Led Death Care** and is described on this dedicated page of their website --

[https://the\\_bao.ca/for-consumers/family-led-death-care/](https://the_bao.ca/for-consumers/family-led-death-care/)

The BAO defines **Family-Led death Care** as --

"A family member may provide funeral services, including **transport**, documentation including death registration, and body care, without a license and for no charge. Family members can legally provide funeral services without a license, except for arterial embalming, for their deceased loved one."

The BAO goes on to state --

"When contemplating Family-Led Death Care, it is important to note that **institutions, like hospitals or nursing homes, may not be aware that it is legal for family members to provide funeral services for their deceased family members. It is best that planning for Family-Led Death Care take place well in advance, including direct communication with the institutions that may be involved to ensure there is no misunderstanding at the time of need.**"

Regarding **Transporting the Deceased Body**, The BAO explicitly states --

"You may contact a funeral establishment or a transfer service to have the deceased person transferred from the place of death, or **a family member of the deceased may carry out the transfer services**, if those services are provided at no charge and /or benefit."

Regarding **Services a Family Can Provide --**

At the bottom of this webpage is a visual chart providing a simple, clear overview of all the funeral services a family can provide their deceased loved one, including "**removing the body from the place of death.**"

Thus, while many Long-Term Care Homes may never have had a family member directly claim and remove the body of a loved one following death, it is important to understand that next of kin can legally remove the body from the place of death independently if they choose.

### **Request**

\* If The Corporation of the County of Northumberland's policy regarding removal of the deceased is not already in compliance, we ask that you flag this for review and revision now, so that, as the BAO states above, there is no misunderstanding for family and staff at the time of need.

Please understand that once your Care Home has released the body, the family becomes responsible for any further actions and decisions. In our experience, most families making this choice are already very well educated and informed, and most will choose to do so in a similar manner to that of a funeral establishment or transfer service. Once again, having these conversations in advance is the best way to create smooth and respectful outcomes for all involved.

\* If you would kindly respond to this email/letter at this time and let us know --

- The Corporation of the County of Northumberland's current policy is already compliant with this provision, or
  - The Corporation of the County of Northumberland will now update their body removal policy into compliance with this provision.
- we would be most grateful and will notify our communities in this regard.

\* We also ask that all relevant staff be educated on this matter and policy so that any and all families

inquiring and wishing to make this choice for their deceased loved one at The Corporation of the County of Northumberland' Care Home is immediately met with accurate support of their choice.

### **Policy**

If it would help, we would be glad to assist in crafting or revising language for your policy and can provide examples from other institutional policies that are in compliance with this Ontario regulation.

Perhaps your revision could be as simple as an amendment to your current policy stating, "As unlicensed providers, families can legally remove and transport their deceased from The Corporation of the County Northumberland Care Home, in their own vehicles, without the use of a funeral establishment or transfer service."

Ultimately, we hope that family members who request to remove their deceased from your Care Home will not meet unlawful restrictions or barriers, and that by working together now we will create open pathways for families choosing to enact Family-Led Death Care for their loved one.

As someone who will provide Family-Led Death Care without the assistance of a funeral establishment for my own family members when the time comes, I look forward to your reply, would be happy to discuss this matter further, and am available to answer any questions that may arise.

Sincerely;

Barb Phillips  
Member, Community Deathcare Ontario, Legislative Committee

Community Deathcare Ontario, and Community Deathcare Canada, assist families and communities to reclaim, restore, and renew home-based end-of-life and post-death care.

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[REDACTED]

Barb Phillips, BA Physical and Health Education  
Thanadoula/Home Funeral Guide/Life-Cycle Celebrant

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]





April 2, 2024

The Honourable Sylvia Jones  
Deputy Minister / Minister of Health  
Government of Ontario  
[sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)

Dear Minister Jones:

**RE: Merger Business Case Submission**

As Chairs of the Boards of Health for Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR) and Peterborough Public Health (PPH), it is our pleasure to write to you today to submit our business case in support of a voluntary merger between our Boards of Health.

We have been encouraged to see the provincial commitment to strengthening the public health system that is led by the sector and funded provincially. We know from the experience of COVID-19 that public health plays a critical role in serving our local communities, and it is our intention as Board of Health Chairs to further strengthen the services provided and the capacity of our organizations to deliver robust and equitable public health services.

Our boards have undertaken comprehensive and thoughtful analysis on the feasibility of a merger between HKPR and PPH, following careful consideration of other neighbouring health unit partners.

To ensure this merger is a success, our boards hope to receive full and comprehensive funding from the provincial merger support fund. Each board's motion to intend to merge has referenced the adequacy of provincial funding as critical to moving forward. This is an essential element to garnering support from our local communities for this merger. We hope that you will give our business case full consideration.

We look forward to the capacity gains that we anticipate through voluntarily merging. We also anticipate that the merger will result in longstanding financial pressures through the harmonization of wages and other annualized expenses. We, therefore, are requesting provincial commitment to 5 years of funding for local levy harmonization to ensure sustainability of the merger without undue financial pressure on local municipalities and First Nations, as stated in the policy announcement, while you are also undertaking the provincial funding review.

Public health services play a critical function in the health, wellbeing, fairness, and prosperity of our communities and we look forward to continued partnership to strengthening public health.

Sincerely,

*Original signed by Mr. Marshall*

*Original Signed by Councillor Lachica*

David Marshall  
Chair, Board of Health  
Haliburton, Kawartha, Pine Ridge  
District Health Unit

Councillor Joy Lachica  
Chair, Board of Health  
Peterborough Public Health

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health  
Local Members of Provincial Parliament  
Local Councils

County Of Northumberland  
Long Term Care Facility  
March 31, 2024

	YEAR-TO-DATE		ANNUAL BUDGET		Comments
	Actual	Budget	Variance		
<b>Cash Based Revenue</b>					
Taxation	\$1,745,508	\$1,745,508	\$0	\$6,982,034	
Grants & Subsidies	\$3,457,134	\$3,328,207	\$128,927	\$13,312,827	High Intensity Needs claims
Interest Revenue	\$20		\$20		
Resident Revenue	\$839,066	\$882,328	(\$43,262)	\$3,529,313	Occupancy below target
Other Revenue	\$38,194	\$30,325	\$7,868	\$121,300	
<b>Total Revenue</b>	<b>\$6,079,922</b>	<b>\$5,986,369</b>	<b>\$93,553</b>	<b>\$23,945,474</b>	
<b>Expenditures</b>					
Salaries & Wages	\$2,939,542	\$3,338,533	(\$398,992)	\$13,445,950	Gapping (Nursing and Health Care Aides)
Benefits	\$1,010,695	\$977,897	\$32,798	\$4,150,128	WSIB claims
Travel & Training	\$30,126	\$20,523	\$9,604	\$82,090	Timing
Materials & Supplies	\$18,619	\$11,287	\$7,332	\$45,150	Timing
					High Intensity Needs - Supplementary staffing and
Health Care Supplies	\$551,353	\$396,650	\$154,703	\$1,586,600	Transportation
Raw Food	\$151,521	\$162,300	(\$10,779)	\$649,200	Timing
Insurance	\$44,574	\$40,067	\$4,507	\$160,270	
Information Technology	\$6,157	\$7,525	(\$1,368)	\$30,100	
External Services	\$376,501	\$220,150	\$156,351	\$812,598	Agency fees
Utilities & Fuel	\$113,121	\$84,950	\$28,171	\$339,800	Natural gas over budget
Repairs & Maintenance	\$192,050	\$91,925	\$100,125	\$367,700	Security charges 87K
TCAs under Threshold	\$35,209	\$28,125	\$7,084	\$112,500	
Internal Chargebacks	\$486,252	\$486,252	(\$0)	\$1,945,010	
Financial Services	\$34,489	\$35,739	(\$1,250)	\$73,978	
<b>Total Expenditures</b>	<b>\$5,990,210</b>	<b>\$5,901,924</b>	<b>\$88,285</b>	<b>\$23,801,074</b>	
<b>Investments</b>					
TCAs over Threshold	\$5,811	\$30,600	(\$24,789)	\$122,400	Timing
Transfers to Reserves	\$12,500	\$12,500	\$0	\$50,000	
<b>Total Investments</b>	<b>\$18,311</b>	<b>\$43,100</b>	<b>(\$24,789)</b>	<b>\$172,400</b>	
<b>Financing</b>					
Transfer from Reserve	(\$7,000)	(\$7,000)	\$0	(\$28,000)	
<b>Total Financing</b>	<b>(\$7,000)</b>	<b>(\$7,000)</b>	<b>\$0</b>	<b>(\$28,000)</b>	
<b>Surplus/(Deficit)</b>	<b>\$78,401</b>	<b>\$48,34</b>	<b>\$30,057</b>	<b>(\$0)</b>	

County Of Northumberland  
Health and Emergency Services  
March 31, 2024

	YEAR-TO-DATE			ANNUAL BUDGET	Comments
	Actual	Budget	Variance		
<b>Cash Based Revenue</b>					
Taxation	\$2,402,510	\$2,402,510	(\$0)	\$9,610,041	
Grants & Subsidies	\$2,627,150	\$2,766,804	(\$139,653)	\$11,317,758	Paramedicine (90K), Paramedicine LTC (49K)
Permits & Fees				\$260,000	
County Revenue				\$25,200	
Other Revenue	\$60,508	\$25,000	\$35,508	\$200,000	Paramedic union recoveries
<b>Total Revenue</b>	<b>\$5,090,168</b>	<b>\$5,194,314</b>	<b>(\$104,145.50)</b>	<b>\$21,412,999</b>	
<b>Expenditures</b>					
Salaries & Wages	\$2,735,665	\$2,991,122	(\$255,457)	\$12,316,474	Gapping, union increases
Benefits	\$1,305,301	\$1,091,339	\$213,962	\$3,788,534	WSIB claims
Travel & Training	\$10,363	\$34,673	(\$24,311)	\$138,694	Timing
Materials & Supplies	\$46,795	\$28,171	\$18,623	\$112,686	Timing of clothing purchases, Settlement
Health Care Supplies	\$154,527	\$85,079	\$69,448	\$340,316	Timing - Medical Supplies 57K; Stretcher Mtce 7K; Linen 8K
Insurance	\$12,279	\$10,785	\$1,493	\$43,141	
Licenses	\$325	\$1,793	(\$1,468)	\$7,171	
Information Technology	\$49,766	\$14,421	\$35,346	\$57,683	Computer Support - Paramedics 25K, Paramedicine 13K
External Services	\$103,942	\$53,183	\$50,759	\$212,733	Off load nursing 38K (funded), Legal Fees 8K
Utilities & Fuel	\$84,527	\$97,000	(\$12,473)	\$413,031	Timing
Rent & Property Tax	\$6,992	\$7,829	(\$837)	\$31,318	
Repairs & Maintenance	\$98,225	\$43,764	\$54,460	\$183,526	Timing - Fleet repairs
TCAs under Threshold	\$80,829	\$50,606	\$30,223	\$202,424	Timing - Cloud DX monitoring equipment 39K
Internal Chargebacks	\$488,817	\$488,817		\$1,955,268	
<b>Total Expenditures</b>	<b>\$5,178,352</b>	<b>\$4,998,583</b>	<b>\$179,769</b>	<b>\$19,802,999</b>	
<b>Investments</b>					
TCAs over Threshold	\$170,006	\$140,000	\$30,006	\$1,240,000	Timing
Transfers to Reserves	\$322,500	\$322,500		\$1,290,000	
<b>Total Investments</b>	<b>\$492,506</b>	<b>\$462,500</b>	<b>\$30,006</b>	<b>\$2,530,000</b>	
<b>Financing</b>					
Transfer from Reserve	(\$140,000)	(\$140,000)		(\$920,000)	
<b>Total Financing</b>	<b>(\$140,000)</b>	<b>(\$140,000)</b>		<b>(\$920,000)</b>	
<b>Surplus/(Deficit)</b>	<b>(\$440,691)</b>	<b>(\$126,769)</b>	<b>(\$313,921)</b>	<b>\$0</b>	

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## Report 2024-072

**Report Title:** Golden Plough Lodge Quality Improvement Plan

**Committee Name:** Community Health

**Committee Meeting Date:** June 4, 2024

**Prepared by:** Catherine Galbraith  
Director of Care  
Golden Plough Lodge

**Reviewed by:** Alanna Clark  
Administrator  
Golden Plough Lodge

Glenn Dees  
Director Health and Human Services  
Northumberland County

**Approved by:** Jennifer Moore, CAO

**Council Meeting Date:** June 19, 2024

**Strategic Plan Priorities:**  Innovate for Service Excellence  
 Ignite Economic Opportunity  
 Foster a Thriving Community  
 Propel Sustainable Growth  
 Champion a Vibrant Future

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### Information Report

**That** the Community Health Committee, receive Report 2024-072 ‘Golden Plough Lodge Quality Improvement Plan’, for information and

**Further That** the Committee recommend that County Council receive this report for information.”

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## **Purpose**

This report for information will provide an overview of the Golden Plough Lodge's (GPL) Quality Improvement Plans 2024/25.

## **Background**

As is a requirement under the Fixing Long Term Care Act, 2021, all Long-Term Care Homes must have a Quality Improvement Program. This includes developing an annual Quality Improvement Plan, referred to as a QIP.

The QIP focuses on areas of improvement in all departments across the home. The QIP is submitted to Health Quality Ontario annually, and includes a progress report, analyzing the previous year's successes or identified areas for further improvement.

Health Quality Ontario (HQO) provides priority quality indicators of focus for all areas across the health sector, including Long-Term Care Homes, Hospitals, and Community Care providers. These priority indicators are included in Golden Plough Lodge's 2024/25 QIP and focus on areas such as access and flow, equity, experience, and safety.

The first priority indicator for the Long-Term Care sector, identified by HQO, falls under the area of Access and Flow, addressing rate of Emergency Department (ED) visits by LTC residents, with the goal to reduce these, providing the right care, in the right place, at the right time. The GPL has developed strategies, with support of a Nurse Practitioner and our Physicians, to reduce ED visits.

The second priority indicator for the Long-Term Care sector, identified by HQO, falls under the area of equity. HQO has identified that equity, diversity, inclusion, and anti-racism education is an essential component of employee training and competency across the sector and as such are asking homes to report the percentage of all employees provided training in this area, and to identify strategies to provide this education. GPL has initiated training modules for all staff, as well as plans to collaborate with community partners and Northumberland County, in order to ensure this quality indicator is addressed.

The third priority indicator for the Long-Term Care sector, identified by HQO, focuses on the Resident experience. HQO is requesting that the sector focus on Resident and Family satisfaction survey results, as part of the homes quality improvement plans. GPL reviews all satisfaction survey results, identifying gaps and areas of improvement, as detailed by the resident or their family member. GPL Senior Management continues to meet regularly with Resident Council as part of our quality improvement planning processes, and our focus on Resident centered care.

The fourth and final priority indicator for the Long-Term Care sector, identified by HQO, is centered on safety, specifically falls prevention. The GPL has implemented the Registered Nurses' Association of Ontario Best Practice Guidelines for Falls Prevention, with the assistance of a Best Practice Guideline Coordinator, who has visited the home, to provide insight and suggestions into our Falls Prevention Program. The GPL has resumed regularly Falls Committee meetings, which includes a multidisciplinary membership, that works to analyze our falls data and provide action items to be implemented to reduce falls in the home.

## **Consultations**

The GPL has a Continuous Quality Improvement (CQI) Committee that meets quarterly to review quality improvement initiatives currently being worked on, as well as to identify gaps that may need to be addressed. The CQI Committee membership includes all members of the Senior Management Team, Residents, Medical Directors, PT, Dietician, NP, Nursing staff and PSW staff.

The GPL also consults with community stakeholders, Public Health, Northumberland Hills Hospital, and the Ministry of Health and Long-Term Care, on CQI initiatives.

The QIP is reviewed annually to identify and report on the success of CQI initiatives completed, and to analyze and identify areas of improvement. Both a QIP Workplan and a QIP Narrative are submitted to HQO annually.

## **Legislative Authority / Risk Considerations**

Ministry of Long-Term Care (MLTC)

Fixing Long-Term Care Act, 2021

Ontario Regulation 246/22

Health Quality Ontario, Ontario Health

## **Discussion / Options**

The GPL continues to strive for excellence in the care we provide to our residents. We will continue to maintain quality improvement initiatives in all areas of programming and services provided to our residents. The GPL strives to identify and facilitate action plans to address any areas for improvement and is committed to continuous quality improvement.

## **Financial Impact**

N/A

## **Member Municipality Impacts**

N/A

## **Conclusion / Outcomes**

GPL Senior Management request that the Community Health Committee and County Council receive this report for information.

## **Attachments**

1. Report 2024-072 ATTACH 1 'QIP Narrative'
2. Report 2024-072 ATTACH 2 'QIP Workplan'
3. Report 2024-072 ATTACH 3 'QIP Presentation'

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 5, 2024





## OVERVIEW

The Golden Plough Lodge is first and foremost home to 151 residents, cared for and supported by over 200 dedicated union and non-union staff members providing Nursing, Dietary Services, Life Enrichment, Environmental Services, Chaplaincy, Social Worker, PT/PTA and Administrative support. As a municipally owned and operated long term care home, the Golden Plough Lodge has a long history in Northumberland County, established in the 1850's as the County House of Refuge and Work Farm. Today, The Golden Plough Lodge serves those whose health and care needs cannot be met in the community, requiring intensive personal care. Additionally, many residents present with conditions of cognitive impairment, ranging from mild to severe dementia and increasingly complex mental health related care needs. Care is provided through means of a committed interdisciplinary team to fully support both residents and their families. We are working towards completion of a brand-new Long-Term Care Home, adjacent to our current site, with an increase to 180 beds.

### Our Mission:

We are committed to supporting the individual in maintaining a life with purpose, choice, dignity and respect.

### Our Vision:

We strive to establish close, continuous and meaningful relationships among our residents, families and members of the community.

### Our Shared Values:

Accountability  
 Ethical Behavior  
 Professional Integrity  
 Compassion and Companionship  
 Mutual Trust and Confidence

#### Philosophy of Care:

In 2010, the Golden Plough Lodge adopted the Eden Alternative Philosophy of Care as the philosophy and decision-making framework for our resident focused model of care. Founded in 1991, the Eden Alternative is based upon the creation of a resident centred community through;

- Development of close, loving relationships
- Regular and meaningful contact with plants, animals and children
- Placement of maximum possible decision-making authority with our residents, and
- Recognition of medical care as "the servant of genuine human caring, never its master".

The Golden Plough Lodge was awarded a three-year Accreditation Certificate from CARF (Commission on Accreditation of Rehabilitation Facilities). We have been recognized as health and human service providers meeting standards for quality of service through a consultative peer review process. Accreditation was awarded in the areas of Person-Centered Long Term Care Community and Dementia Care Specialty Program. The Golden Plough Lodge has met conformance requirements for quality standards that enhance the lives of persons served. Our Accreditation renewal date is June 30, 2025.

The Golden Plough Lodge is committed to ensuring that the unique

needs and desires of residents are respected and supported to the greatest possible extent. One of our guiding principles is that residents do not live in our workplace; rather, we work in the residents' home.

This year our Quality Improvement Plan will focus on key, priority indicators in the areas of Access and Flow, Equity, Experience and Safety.

### **ACCESS AND FLOW**

Golden Plough Lodge's quality improvement plan for 2024/25 will focus on the priority indicator for access and flow, identified for the Long-Term Care sector: rate of avoidable Emergency Department visits.

Optimizing system capacity, timely access to care, and patient flow ultimately improves outcomes across the healthcare sector. At Golden Plough Lodge we are committed to improving access to care in the home. Golden Plough Lodge has a dedicated Nurse Practitioner onsite, 5 days per week, as well as two Medical Directors and supportive physicians, who are all dedicated to providing timely medical care to our residents.

Our Medical Directors, NP and Physicians will continue to analyze our Emergency Department visit data, on a quarterly basis, to support Golden Plough Lodge residents accessing care in the right place at the right time. This includes optimizing the high level of quality, skilled care of our dedicated staff, including Registered Nurses, Registered Practical Nurses, Personal Support Workers, Social Worker and Registered Dietician, to provide services in the home and avoid unnecessary Emergency Department transfers.

## EQUITY AND INDIGENOUS HEALTH

Golden Plough Lodge is a department of the Corporation of Northumberland County, and as such strives to excel in best practices with all our services. This includes a robust quality improvement strategy designed to recognize and reduce/eliminate disparities amongst diverse populations.

-Golden Plough Lodge collects data, annually on our Francophone population, via the French Language Health Services Database, to recognize Francophone needs within the community of residents we serve.

-Staff have completed Indigenous Cultural Safety Training Programs, at both Golden Plough Lodge and Northumberland County.

-Golden Plough Lodge recognizes and supports religious accommodations for staff.

-All Residents have choice that includes their culture. Golden Plough Lodge has monthly cultural theme nights as well as Resident's "old family recipes" on our menu. We continue on our cultural recognition and change journey being Resident focused and driven, by ensuring all decisions made include Resident input.

-Golden Plough Lodge provides education on privacy and sexuality recognition of residents.

-Gender equity is supported, and in the new Golden Plough Lodge (expected completion date 2025), Gender Neutral washrooms will be in place.

-Hiring practices do not include gender specificity, everyone is treated individually, regardless of sexual orientation or gender.

-The home has created a non-denominational spiritual space for all residents to enjoy.

-Golden Plough Lodge also recognizes the socioeconomic challenges faced by some of our residents and have measures in place to financially assist those residents in need of support.

Golden Plough Lodge is committed to continue collaboration with the County of Northumberland as well as our community partners, to ensure that equity, diversion and inclusion remain a priority focus for all employees, residents and families.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

As a collective of caregivers, The Golden Plough Lodge staff has created a shared purpose that reflects the heart and soul of everything we do: We actively build a caring community and a home in which our residents can live life to the fullest...giving them choices and a voice. We will continue to embody this purpose by:

-Keeping our residents at the centre of everything we do.

-Acting with care, compassion and empathy.

-Working as a team to serve and support our residents.

-Building supportive relationships between residents, families and partners in caregiving.

-Staying abreast of best practices.

-Remaining committed to learning and continuous improvement.

-Being strong advocates for our long-term care home.

Our leadership team supports staff in enacting our common purpose by creating the holistic framework to support and enhance the lives of residents, their families and our staff. We will continue to achieve this by:

- Representing Northumberland County with excellence.
- Striving to be trend setters in long term care.
- Holding and maintaining an impeccable reputation within the communities we serve.

Golden Plough Lodge remains steadfast in our commitment to provide excellence in care to our residents. Specifically, we will maintain the ongoing provision of high quality, innovative and individualized resident focused care.

To support this, the home will continue to utilize the Eden Alternative Philosophy of Care and place residents and their families at the centre of all care decisions and practices. We will continue to seek out new, best practice and enhanced care supports for our residents. We will provide an integrated circle of care by continuing to provide interdepartmental multidisciplinary care teams for our residents. We will ensure sufficient and appropriate resources to meet the current and future needs of our residents; being mindful of changing demographics, complex care requirements and individual personal preferences. We will proudly maintain our CARF International Accreditation in Person Centered Long-Term Care and Dementia Care Specialty CARF standards.

Golden Plough Lodge will continue to actively involve, consult and work collaboratively with our Resident and Family Councils in planning and decision making to meet resident needs, now and in

the future. The Senior Leadership team attends Resident Council meetings monthly, to engage with and collaborate with our Residents. We review and analyze results from Resident Satisfaction Surveys, and all other feedback received about care experiences. Golden Plough Lodge incorporates all of the resident experience information into our quality improvement plans.

## **PROVIDER EXPERIENCE**

As our most valuable asset, Golden Plough Lodge commits to attracting, developing, and engaging our employees.

-We will recruit, attract and retain the best employees by offering a positive workplace culture that fosters fairness, respect, accountability, mutual support, communication and transparency.

-We will ensure our staff excel and have the resources to do their best work through orientation, professional education and development opportunities, mentoring and support.

-We will actively provide opportunities for staff engagement/involvement in planning and decision making through consultative appreciative inquiry, focus groups and committee membership.

-We will recognize and celebrate staff accomplishments, ensuring annual performance appraisals are a positive experience which provide goal setting, coaching and identification of growth and learning opportunities.

-We will support the health and wellbeing of our employees and consider safety as key in promoting a healthy, safe environment

and work/life balance.

Golden Plough Lodge has implemented some innovative practices to improve workplace culture and engage staff, including the formation of an Engagement Committee, with members from all departments.

The purpose of the newly formed Engagement Committee is to:

- Promote respect, passion, teamwork, collaboration, communication, responsibility and growth in the workplace and between and among all staff and departments at Golden Plough Lodge.
- Incorporate the homes Mission, Vision and Values, to understand, assess, and implement strategies to enrich time spent at work and allow for work activities to become even more rewarding.
- Encourage collaboration by ensuring everyone is provided with an opportunity to give input into recommendations, proposed changes and assist with implementation strategies and to gather feedback post change implementation.
- Providing a forum for open dialogue to encourage suggestions and change ideas.
- Promote and guide the development and analysis of annual employee engagement survey.
- Offer recommendations to the Administrator and Leadership Team for fostering employee engagement and enhancing internal relations.

We have initiated a Peer Support Team, with members from all departments at Golden Plough Lodge, who have received specialized training in order to provide support for staff in a myriad of different areas, including workplace culture as well as personal

issues, 24/7.

All staff have participated in Caregiver Stress/Burnout Post Covid sessions, lead and facilitated by an expert in the field of communication and caregiver strain. We will build on these sessions by working on conflict resolution and peer support, to continue to improve workplace culture and engage staff.

Golden Plough Lodge has utilized LTC funding allocations to increase staffing levels across all areas of our Long-Term Care home. This has increased staff morale. As part of fostering staff engagement, we have provided surveys to staff, to gain insight into shift type and length preferences as we plan for the new build. We will continue to review and amend our staffing models to increase to four hours of care for residents.

## SAFETY

To help support quality improvement, enhance a safe and just culture, and improve the success of incident analysis:

Golden Plough Lodge implemented the Risk Management Module in PCC in 2022. This new module has and continues to assist our organization to learn from patient safety incidents. Analysis and review of these incidents will be used to share insight into risk mitigation and prevention with our staff to prevent further recurrences.

Annual review of Critical Incidents is also completed, and these results shared to identify any areas of focused improvement needs.

Resident Council discussion and areas identified by residents also drive quality improvement change and fuel action items.

Care Conferences and team meetings identify any areas of potential risk and also provide valuable insight from residents and their families to further mitigate any potential risk or safety challenges.

Golden Plough Lodge has a robust Health and Safety Committee, with representation from across the home and is also supported by the County's Occupational Health and Safety Department. Monthly meetings review, analyze and discuss any actual or potential risk situations. Mitigation strategies are reviewed and shared with staff and residents.

## POPULATION HEALTH APPROACH

Golden Plough Lodge Long-Term Care home recognizes that the strength of our services depends largely on the community we

serve and from which we receive support.

-We will recognize and acknowledge the importance of our extended network of relationships with community partners, service providers and other levels of government.

-We will seek to enhance current collaboration with community partners through expanding our engagement and participation in the broader community.

-We will be a positive voice for long term care, health care and a supportive partner to our collective system partners.

-We will continue to recruit, engage, honour and support volunteers, leveraging their strengths, experience and expertise and formally recognize the valuable role they play.

-We will continue to actively involve, consult and work collaboratively with our Resident and Family Councils in planning and decision making to meet resident needs, now and in the future.

-We will continue to utilize Nurse Practitioner support and services, provided through Home and Community Care Support Services, and our team of physicians, to ensure the right care at the right time for our residents.

Golden Plough Lodge remains committed to our focus on exploring and examining population health-based approaches to care for the unique needs of our residents.

## CONTACT INFORMATION/DESIGNATED LEAD

Alanna Clark, Administrator, Golden Plough Lodge  
905-372-8759 ext.3271

Catherine Galbraith, Director of Care, Golden Plough Lodge  
905-372-8759 ext.3270

## 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 5, 2024**

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**Glenn Dees, Director Health and Human Services, Board Chair /**  
Licensee or delegate

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**Alanna Clark, Administrator, Administrator /Executive Director**

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**Catherine Galbraith, Director of Care, Quality Committee Chair or**  
delegate

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Other leadership as appropriate

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## 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)	16.85	15.00	Rate of ED visits will decrease 2024/25 as compared to 2023/24 QIP.	

### Change Ideas

Change Idea #1 Audit, review and track all ED transfers, identifying those considered avoidable based on conditions identified by HQO.

Methods	Process measures	Target for process measure	Comments
NP to review all ED transfers. Discuss results at the quarterly Medical Advisory committee meetings and with ADOC's/DOC and Charge RN's during rounds. Purpose is to identify any trends in ED visits and review all potentially avoidable ED visits with the team. NP to assist with assessments/treatment recommendations that can be provided in house to avoid unnecessary ED transfers.	Track and measure number of ED visits deemed potentially avoidable, according to the list of care-sensitive conditions identified.	100 percent of all ED visits will be tracked and analyzed for trends in order to improve Golden Plough Lodge's current processes and decrease total number of residents sent to ED.	Mobile diagnostic imaging accessibility has been affected in our region, due to the mobile providers own staffing shortages, and they are the only mobile service provider in our region.



**Change Idea #2** Continue with early intervention, on admission, for residents and their SDM's, related to their desired plan of care for end of life. Continue to encourage and support residents and their SDM in choosing Advanced Health Directives and provide education on treatment options available in the home.

Methods	Process measures	Target for process measure	Comments
Education and discussion at Admission and Annual Care Conferences regarding Advanced Directives and treatment options in the home.	Tracking and trending of ED visits quarterly.	Decrease avoidable ED transfers to be in line with Central East and Provincial data.	

**Change Idea #3** Continued review and Implementation of RNAO BPG's for falls prevention, as falls are often a cause of ED transfers.

Methods	Process measures	Target for process measure	Comments
Review and analysis of incidents in PCC Risk Management of ED transfers resulting from a fall.	The number of falls that result in injury requiring ED transfer.	100% of falls will be reviewed by the Medical Advisory Committee, quarterly, with falls prevention measures discussed with team, including PT, and prevention measures put in place.	

## 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	100.00	100% staff and completion 2024/25	

### Change Ideas

Change Idea #1 All staff, including management, will complete the Surge training module titled "Diversity, Equity and Inclusion at Work" annually.

Methods	Process measures	Target for process measure	Comments
Surge training module titled "Diversity, Equity and Inclusion at Work" will be included in the annual mandatory Surge training modules, of which all staff at Golden Plough Lodge have access to.	Track education module completion rate annually in Surge.	100 percent of all Golden Plough Lodge staff and management will have successfully completed the Diversity, Equity and Inclusion at work learning module.	

Change Idea #2 Golden Plough Lodge LTC home will collaborate with Northumberland County to adopt County equity, diversity and inclusion policies and education.

Methods	Process measures	Target for process measure	Comments
Will have Golden Plough Lodge representation at Northumberland County equity, diversion and inclusion discussions and working group committees involved in developing equity, diversity and inclusion policies and education planning.	There will be Golden Plough Lodge representation at Northumberland County equity diversion and inclusion planning sessions and Golden Plough Lodge will adopt the County's policy and provide updated education to all staff as applicable.	Golden Plough Lodge will adopt the County's equity, diversity and inclusion policies and any education associated with the policies.	

Change Idea #3 Golden Plough Lodge will work with Community Partners when developing plans for further equity, diversion and inclusion education planning.

Methods	Process measures	Target for process measure	Comments
Working collaboratively with our community partners to identify areas of improvement and or gaps in current cultural competency and diversity plan.	Identify and connect with resources in our own community that could assist with collaborative efforts to enhance our current plan.	Collaboration will occur with at least one community partner.	

## Experience

### Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	57.69	85.00	We have 151 residents, when at capacity. Goal is to have at least 50% complete the survey, which is approximately 75 completed surveys, to ensure reflective results of population. Of that goal of 75 respondents, goal is 85% positive responses.	

### Change Ideas

Change Idea #1 Percentage of residents responding positively to "What number would you use to rate how well the staff listen to you".

Methods	Process measures	Target for process measure	Comments
Continue to encourage staff to take the time and listen to residents. Ongoing education for staff related to resident centered care and communication skills. Sharing of positive comments, thank you letters and kudos to staff when received.	Share survey results with staff to provide insight into the importance of active listening to residents and to improve quality of life for residents.	Number of positive survey results. Annual education completion by all staff.	Total Surveys Initiated: 52 Total LTCH Beds: 151

Change Idea #2 Higher percentage of participation in, and completion of, Resident and Family Survey.

Methods	Process measures	Target for process measure	Comments
Provide opportunity for discussion on importance and value of survey completion at regular Resident Council meetings.	Increase in total number of surveys completed.	50% of residents/and or POA's, will complete and submit survey.	

## Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	87.76	90.00	Goal is to have minimum 75 survey respondents, with 90% responding positively.	

## Change Ideas

Change Idea #1 Education for residents on Resident Rights under current legislation.

Methods	Process measures	Target for process measure	Comments
Provide education on Resident Rights and importance of survey participation/completion to ensure resident voices are heard and quality improvements initiated based on survey results.	Number of education sessions completed at Resident Council meetings. Increased number of completed surveys. Increased number of positive survey responses.	Goal is to be at or above 90% of positive responses by Residents on the Resident Satisfaction Survey. Minimum of 4 education sessions per calendar year provided at Resident Council.	Total Surveys Initiated: 49 Total LTCH Beds: 151

Change Idea #2 Increase the positive responses on Resident Satisfaction Survey to the statement "I can express my opinion without fear of consequences".

Methods	Process measures	Target for process measure	Comments
Education to all staff on Resident Bill of Rights at annual education sessions as well as during onboarding of new staff. Review of Resident Satisfaction Survey at Resident Council, prior to completion deadline, to encourage an increase in completed surveys.	Increase in positive responses to the statement "I can express my opinion without fear of consequences", on the Resident Satisfaction Survey.	Goal is to be at or above 90% positive resident responses. Goal is to be at or above 50% resident/POA participation in survey completion.	

## Safety

### Measure - Dimension: Safe

Indicator #5	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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	19.93	15.54	Target performance is based on Provincial rate. Relative target is reflective of Provincial rate and our homes previous years data.	

### Change Ideas

Change Idea #1 Falls will be reduced to reflect Provincial average of 15.54% annually.

Methods	Process measures	Target for process measure	Comments
Implementation of RNAO Best Practice Guidelines for Falls Prevention. Review of all falls in PCC Risk Management, to analyze data and track/observe for preventable trends.	Percentage of falls annually.	Percentage of falls will decrease to 15.54%.	

Change Idea #2 Regular review and analysis of internal falls data collected from PCC Risk Management.

Methods	Process measures	Target for process measure	Comments
Continue with regular Falls Committee meetings quarterly, and as needed, to analyze falls data. Including identifying which home areas have highest falls rates, what time of day are most falls occurring and those residents who have most falls.	Percentage of falls.	Incidence of falls in the home will decrease to fall in line with the provincial average.	PT currently conducts quarterly reviews and presents data at quarterly Medical Advisory Committee meetings.

Change Idea #3 Update Falls Prevention Program and associated policies/procedures.

Methods	Process measures	Target for process measure	Comments
Annual program reviews and annual policy reviews/updates completed, to ensure are reflective of RNAO BPG's.	Falls Prevention Program review and associated policies are updated with most current data.	Falls Prevention Program review completed by March 31, 2025. Associated policies are reviewed/updated by March 31, 2025.	Program reviews, and policy updates will remain part of Golden Plough Lodge's annual review processes.

**Measure - Dimension: Safe**

Indicator #6	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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	3.51	3.51	Currently our home is well below the provincial average for percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. This is reflective of the efforts of our Medical Directors in making this a priority quality improvement area for 2023/24. The Medical Directors will continue to focus on this priority indicator for 2024/25.	

**Change Ideas**

Change Idea #1 Golden Plough Lodge will maintain the low percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment, to remain below the provincial average and aim to be at or below the homes average in 2023/24.

Methods	Process measures	Target for process measure	Comments
The Medical Directors will continue with regular chart audits and medication reviews for all residents of Golden Plough Lodge. Review of diagnosis and medications will also continue to take place during admission and annual care conferences.	Percentage of residents without a diagnosis of psychosis, who are currently receiving antipsychotic medications will remain below the provincial average.	Remain below provincial average and aim to remain at or below the homes current average.	The Medical Directors will continue to focus on this priority quality improvement area for 2024/25.



Change Idea #2 Continued identification of residents who were prescribed antipsychotic medication without an appropriate diagnosis of psychosis and de-prescribe where appropriate.

Methods	Process measures	Target for process measure	Comments
Pharmacy will continue to conduct quarterly reviews and provide reduction suggestions to the physicians.	Number of residents on antipsychotic medication without a diagnosis will remain at par or below the homes average in 2023/24.	100% of residents on antipsychotic medications will be reviewed.	

Change Idea #3 Staff will continue to be encouraged to trial all non-pharmacological interventions before administering PRN medications for responsive behaviours.

Methods	Process measures	Target for process measure	Comments
Refer to BSO, who will work with staff, to identify triggers and develop interventions including GPA, sensory stimulation, resident specific programming, Snoezelen room.	Percentage of residents with responsive behaviours that have non-pharmacological interventions in care plan.	100% of residents with responsive behaviours will have non-pharmacological interventions in care plan.	BSO is actively maintaining intervention folders in each resident home area.



# Golden Plough Lodge Quality Improvement Plan 2024-2025

Catherine Galbraith  
Director of Care, Golden Plough Lodge  
June 4, 2024

# Background

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- ▶ As is a requirement under the Fixing Long Term Care Act, 2021, all Long-Term Care Homes must have a Quality Improvement Program. This includes developing an annual Quality Improvement Plan, referred to as a QIP.
- ▶ The QIP focuses on areas of improvement in all departments across the home. The QIP is submitted to Health Quality Ontario annually, and includes a progress report, analyzing the previous year's successes or identified areas for further improvement.
- ▶ Health Quality Ontario (HQO) provides priority quality indicators of focus for all areas across the health sector, including Long-Term Care Homes, Hospitals, and Community Care providers. These priority indicators are included in Golden Plough Lodge's 2024/25 QIP and focus on areas such as access and flow, equity, experience, and safety.

# Priority Indicators

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- ▶ Access and Flow
- ▶ Equity
- ▶ Resident Experience
- ▶ Falls Prevention



# Access and Flow

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## 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)	16.85	15.00	Rate of ED visits will decrease 2024/25 as compared to 2023/24 QIP.	

# Equity

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## 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	100.00	100% staff and completion 2024/25	

# Resident Experience

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## Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	57.69	85.00	We have 151 residents, when at capacity. Goal is to have at least 50% complete the survey, which is approximately 75 completed surveys, to ensure reflective results of population. Of that goal of 75 respondents, goal is 85% positive responses.	

## Measure - Dimension: Safe

Indicator #5	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 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	19.93	15.54	Target performance is based on Provincial rate. Relative target is reflective of Provincial rate and our homes previous years data.	



# Consultation

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- ▶ Continuous Quality Improvement Committee
- ▶ GPL also consults with community stakeholders; Public Health, NHH, and the Ministry of Long-Term Care, on CQI initiatives.



# Legislative Authority

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- ▶ Ministry of Long-Term Care
- ▶ Fixing Long-Term Care Act, 2021
- ▶ Ontario Regulation 246/22
- ▶ Health Quality Ontario, Ontario Health

# Discussion

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- ▶ Golden Plough Lodge continues to strive for excellence in the care we provide to our residents.
- ▶ We continue to maintain quality improvement initiatives in all areas of programming and services provided to our residents.
- ▶ Golden Plough Lodge strives to identify and facilitate action plans to address any areas for improvement and is committed to continuous quality improvement.