

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 6, 2026



OVERVIEW

Iroquois Lodge is a 50 bed home with its roots located on the Indigenous Territory of Six Nations of the Grand River. We honor and respect our elders and the traditions of the Haudenosaunee peoples. At Iroquois Lodge, our Mission is to create a safe environment, to guide, support and care for our elders on their life's journey.

Iroquois Lodge suffered the loss of their beloved home on the Indigenous Territory of Six Nations of the Grand River. The loss and trauma suffered by the elders, their families and the staff has been immeasurable.

Continuous quality improvement is fundamental to providing the highest quality of care and we are always finding innovative ways to improve the delivery of elder and family centered care. Using an interdisciplinary approach, we are in unity across all departments in our quality improvement goals. We collaborate with our elders, their families and the community that we serve in the development of our Quality Improvement Planning.

ACCESS AND FLOW

In 2024 we saw a direct decrease in resident potentially avoidable hospitalization, after hiring a full time Nurse Practitioner in 2023, who is on site for them to ask questions if/when MD is not available for consultation and provide assessment. This broadening of our interdisciplinary team has given us access to immediate clinical advice and care Monday to Friday.

We have received IV pump so we can deliver IV medications at the Lodge once programmed and a bladder scanner to assist with assessments.

We have partnered with community programs like Diabetic Wellness Clinic that provides foot care to our diabetic residents. Our paramedic services can now come and assess our residents and initiate treatments like IV fluids and ECG's in an effort to prevent unnecessary hospital transfers.

Onboarding the ONE-ID through e-health Ontario for in house molecular testing for residents of Long-Term Care homes (Congregated Settings) for increased in house diagnostic availability.

EQUITY AND INDIGENOUS HEALTH

Iroquois Lodge has always incorporated equity and indigenous health in our delivery of care. In 2024 we were proud to provide for all of our staff another two day retreat to be immersed in the indigenous culture and teachings. We also had some staff attend a program on Changing Lateral Violence to Lateral Kindness that had not completed the 2023 workshop.

We are including in our orientation package the history of indigenous people of Canada to promote a culture of understanding.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Our interdisciplinary team is working hard to make sure that the experience of our resident reflects their needs and wants. Regular resident council meetings are held and leadership is invited. The leadership team can discuss, concerns, request and suggestions. We also provide the residents with updates form the different departments. We are incorporating the request for more community base activities as well as being culturally relevant into our activity calendar. In 2024 we invited the school children to attend activities with the elders including Halloween costume parade, petting zoo and meeting Santa and his reindeer at Christmas. This year we will be hosting a Spring Fling BBQ. We offer our residents an opportunity every month to have their living space cleansed by one of our knowledge keepers. We continue to do an annual satisfaction survey and include resident and families in our multidisciplinary care conferences. To participate in the decision regarding meals the cooks do a quarterly taste testing kitchen with the elders where they were given the opportunity to try different dishes and decide what they wanted on the menu.

PROVIDER EXPERIENCE

We were a successful applicant for the PSW incentive funding for students. This aligns with our work with McMaster, Mohawk, Polytech and Nipissing University to support students on their learning journey. We have been successful in recruiting staff from the students who have completed their placements at the Lodge. We support our staff who choose to do the bridging programs with scheduling and financial support which in turn help us recruit registered staff.

We provide ongoing cultural education including participating in monthly traditional cleansing of resident rooms.

This year we have partnered with Poly Tech to support a living classroom on the property.

PALLIATIVE CARE

The Pain and Palliative program/committee consists of all members of the interdisciplinary team, including 2 residents of the lodge. The program has been introduced to Resident/family Council. Now looking introducing education and information on MAID to all residents and staff. We have changed our language from Palliative Care to "Quality of Life" and Pain to "hurt or sore". This was brought up by our residents that they don't like the word "Pain" and that they would like to be asked if they hurt or sore. We do have a Pain and Palliative care Champion who has had lots of opportunities for education including Leap and a 2 day conference last October. All staff were presented with education on Pain, which we learned is a possible trigger for behaviors. Our pain scale was changed from a numeric to facial picture for rating pain. This was suggested by residents, as they did not like the number scale. A Gap analysis was completed, improvements such as 72 hour pain follow up with change in meds, increased pain, and new pain are carried out.

RNAO clinical pathways for pain go live march 27th, all nursing staff are trained on how to use the clinical pathways. Palliative is next to go live, date pending. PPS Score is used monthly for tracking our quality of life for residents. We realize that Palliative and End of life are two different entities and that all residents entering LTC are considered as Quality of Life (Palliative). We are enrolling our residents into My Wish's, with their care plans to reflect their wish's at End of Life. Our smart goal is to have 50% of our residents enrolled by March of next year and 100% by the year 2027. We realize this is a time sensitive topic and this will take time. Another goal is to have a family member join our Pain and Palliative committee. An order set has been implemented for our palliative care/EOL residents. Meds are available in the E-box when and if needed, for the Resident at EOL. We are sending members from each team to be trained for Palliative care, including PSW's, this will start April 7&8. Meetings with Ontario Health have been conducted to discuss PACE training for PSW's, this is supported by the Palliative Care program. The PSW's who attend will be certified and able to contribute more effectively as a member of the health care team. Our Pain and Palliative meetings occur once a month. Our Terms of Reference has been updated as of Jan., 2025

POPULATION HEALTH MANAGEMENT

Iroquois Lodge relies on community partners in the delivery of safe and culturally appropriate care. In effort to lower our ER transfers, we are partnering with Six Nations Paramedic Services to do assessments for any questionable hospital transfers. We work with Community Health to assist with our foot care and wound care program. The Diabetes Wellness Program allows us to use their reprocessing equipment. We are currently implementing the RNAO Clinical Pathways to stream line our admission process. We are teaming up with Six Nations Traditional Program and ISMP to see how to combine traditional and western practices into Long Term Care.

CONTACT INFORMATION/DESIGNATED LEAD

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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 **July 3, 2026**

Bryan Herechuk, Director of WellBeing / Licensee or delegate

Kelly Tupper, Administrator /Executive Director

Travis Caerels, Quality Committee Chair or delegate

Melissa Cranney, Other leadership as appropriate
